Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Week # \_\_\_\_\_ Week of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. DIRECT SVCS B. INDIRECT SVCS

Individual Counseling \_\_\_\_\_ Professional Development \_\_\_\_\_

Notes:

Group Counseling \_\_\_\_\_ Preparation/Documentation/Review \_\_\_\_\_

Consultation/Site Supervision \_\_\_\_\_ Other Indirect (Must Specify): \_\_\_\_\_

Notes:

Case Management \_\_\_\_\_

INDIRECT WEEKLY TOTAL

Assessment \_\_\_\_\_

C. INDIVIDUAL SUPERVISION (WCU Only)

Other Direct (Must Specify): \_\_\_\_\_

Notes: D. GROUP SUPERVISION (WCU Only)

DIRECT WEEKLY TOTAL

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CUMULATIVE SEMESTER TOTALS:

Last Week’s Cumulative Totals: Current Week Totals: Cumulative Semester Totals:

1. DIRECT + =
2. INDIRECT + =
3. IND SUPERVISION + =
4. GRP SUPERVISION + =