**School Counselors Weekly Log Report**

**Internship - COUN 687**

**Name:** **Week of:** **Week #:**

**A. Direct Services to Clients:**

Individual Counseling:

Total Hours:

Group Counseling:

Total Hours:

Classroom/Large Group Guidance:

Total Hours:

Consultation (with teachers, parents, student support personnel, referring agencies, etc.):

Total Hours:

Individual Student Planning/Individual Assessment and Observations/Other (Specify):

Total Hours:

 **Weekly Total of Direct Service Hours:**

**B. Indirect Service / Activities:**

Program Planning/Coordinating:

Total Hours:

Professional Development/Other:

Total Hours:

**Weekly Total of Indirect Service Hours:**

**C. Supervision:** Site hours:       Group hours:       **Weekly Supervision Total:**

**D. Cumulative Semester Totals:**

Cumulative Number of Hours of Individual Supervision to date:

 Group Supervision to date:

Cumulative Number of Hours of Direct Service to date:

Cumulative Number of Hours of Indirect Service to date:

 **Cumulative Total of Intern Hours:**

Days of weather related cancellations: