

SEMESTER SUMMARY OF CMHC INTERNSHIP I & II HOURS: DOCUMENTATION FORM

This form allows students to document their experience in therapy and other psychological interventions. Thus, while this form lists a wide range of experiences that one might have had, no one will have all these experiences, either in one semester or even at the end of training. In short, each student will have many blank areas on the form. ****If you completed your internship hours at more than one site please complete one form for each site.**

Also, please note that Items 1 - 3 below are meant to be mutually exclusive; thus, any internship hour should not be counted more than once across these items. You may have some experiences that could potentially fall under more than one category, but it is your responsibility to select the category that best captures your experiences.

STUDENT NAME: _____ STUDENT #: _____ SEMESTERS/YEAR: _____

INTERNSHIP I COURSE INSTRUCTOR: _____

INTERNSHIP II COURSE INSTRUCTOR: _____

SITE SUPERVISOR NAME: _____ ACADEMIC ADVISOR NAME: _____

NAME OF INTERNSHIP SITE: _____

Circle Setting Type: Community Mental Health Center; Correctional Setting; Inpatient Hospital; Military; Outpatient Medical/Psychiatric Clinic and Hospital; University Counseling Center; School Setting, Other (specify: _____)

1. DIRECT COUNSELING EXPERIENCE- In this section, record actual clock hours in direct service to clients/patients. Hours should not be counted in more than one category. Time spent gathering information about the client/patient, but not in the actual presence of the client/patient, should be recorded under Support Activities below. Record the total numbers of hours of each activity in the space provided. Count each hour of a group, family, or couples session as one practicum hour. For example, a two-hour group session with 12 adults is counted as two hours.

	Total # of hours
a. Individual Counseling	_____
b. Group Counseling (minimum of 10 hours required)	_____
c. Couples/Family Counseling	_____
TOTAL DIRECT HOURS:	_____

2. INDIRECT COUNSELING EXPERIENCE - Record time spent outside the counseling/therapy hour focused on the client/patient (e.g., chart review, writing process notes, consulting with other professionals about cases, video/audio tape review, planning interventions, assessment interpretation and report writing). In addition, it includes the hours spent in your practicum site in didactic training, such as attending seminars:

TOTAL INDIRECT HOURS: _____

3. SUPERVISION EXPERIENCE - Supervision is divided into individual and group supervision. Item 3a: Hours are defined as regularly scheduled, face-to-face individual supervision with specific intent of overseeing the counseling services rendered by the student. Item 3b: The hours recorded in the group supervision category should reflect the time from your Internship Class.

a. Individual Supervision Hours	_____
b. Group Supervision Hours	_____
TOTAL SUPERVISION HOURS:	_____

4. **TOTAL HOURS ACQUIRED THROUGH INTERNSHIP I & INTERNSHIP II** (Direct Counseling Experience + Indirect Counseling Experience + Supervision Experience)

TOTAL HOURS: _____

SIGNATURES OF PRACTICUM INSTRUCTOR: _____ (DATE) _____

SIGNATURE OF SITE SUPERVISOR: _____ (DATE) _____

SIGNATURE OF STUDENT: _____ (DATE) _____