

**School Counseling Practicum Activity Log**  
 Department of Counseling and Student Development  
 Eastern Illinois University



Supervisee Name: \_\_\_\_\_ Semester: \_\_\_\_\_

Practicum Site: \_\_\_\_\_ Week #: \_\_\_\_\_

Activity	Total Hours
1. Individual counseling	
2. Group counseling	
3. Family counseling	
4. Consultation with parents or teachers	
5. Guidance activities with supervisees/students	
6. Instructional (preventive) intervention	
<b>Total for <u>direct</u> service hours</b>	
<b>Semester total for <u>direct</u> service hours</b>	

Activity	Total Hours
1. Contact with students other than counseling	
2. Staff meetings and consultation with liaisons	
3. Peer review of tapes	
4. Observations (explain below)	
5. Report writing and administrative duties	
6. Individual supervision on-site	
7. Professional development (explain below)	
8. Other Practicum activities (explain below)	
<b>Total for <u>indirect</u> service hours</b>	
<b>Semester total for <u>indirect</u> service hours</b>	

Notes on any of above: \_\_\_\_\_  
 \_\_\_\_\_

Site Supervisor Signature: \_\_\_\_\_

**For departmental use only (cannot count toward direct/indirect hours):**

Activity	Hours
1. Individual supervision on campus (departmental)	
2. Group supervision on campus (in class)	

EIU Faculty Supervisor Signature's \_\_\_\_\_