

Weekly Activity Report for Implementation

Name: _____

Fall 2016- Spring 2017

Dates:	M	T	W	R	F	S/S	Total this week	Previous Total	Total for the Semester
Direct Service Activities									
<small>Direct Service: Interaction with clients that includes the application of counseling, consultation, or human development skills.</small>									
Individual Counseling							0		0
Group Counseling							0		0
Psychoeducational Activities							0		0
Consultation (Intern providing consultation)							0		0
Participation in intakes							0		0
Other (e.g.: Crisis Response)							0		0
Total Direct Hours	0	0	0	0	0	0	0		0
Indirect Service Activities									
Group Supervision (Implementation Class)							0		0
Individual Supervision (EDC 735 & Site Supervision)							0		0
Observation of intakes							0		0
Preparation for counseling sessions							0		0
Class assignments related to client service							0		0
Professional development							0		0
Case notes and record keeping							0		0
Other							0		0
Total Indirect Hours	0	0	0	0	0	0	0	0	

Site Supervisor Signature: _____

Date: _____

Student Signature: _____

Date: _____