PRACTICUM OR INTERNSHIP SUMMARY

This Summary must be completed by the counselor trainee for each field experience course at the end of the semester. It is used by the Department to provide documentation of supervised experience for accreditation, certification, and LPC licensure review. Refer to your Practicum or Internship Log for data.

Summary for: *(Check one)*: ☐ Practicum ☐ Internship 1 ☐ Internship 2 Semester/Yr: _____

Counselor trainee: _____

Field site name (school/agency): _____

Field Site address: _____

Dates effective from_____/_____/_____through_____/_____/_____ *(from original Contract).*

Total clock hours earned during this course *(get this from practicum or internship Log)*

total Field Site hours (direct + indirect): ____

total Class room hours attended: + ____

=____TOTAL CLOCK HOURS for semester

Total clock-hours of direct client counseling contact *(for LPC box on Practicum or Internship Log)* =_____

Type(s) of counseling provided during this course (check all that apply):

☐ Marriage & Family ☐ Group ☐ Individual ☐ Drug & Alcohol Abuse
☐ Career & Vocational ☐ Rehabilitation ☐ Academic ☐ Child & Adolescent
☐ Other, specify:_____

Setting(s) of counseling provided during this course (check all that apply):

☐ School ☐ Hospital ☐ Univ. Counseling Center ☐ Nonprofit organization
☐ MHMR ☐ Student Affairs setting ☐ Other, specify:_____

Trainee Signature:_____ Date:_____

Faculty Instructor Signature:_____ Date:_____