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**North Carolina State University**

**Counselor Education Program**

**Counseling Practicum Summary Sheet**

**Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Semester/Year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Concentration:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Site Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_University Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Part I. Practicum Hours**

1.Total hours of direct service:\_\_\_\_\_\_\_\_\_\_

2.Total hours of indirect service:\_\_\_\_\_\_\_\_\_

**Part II. Practicum Services**

***100 hours over 15 week semester***

**A. Direct Service Hours**

1.Total number of clients seen for individual counseling:\_\_\_\_\_\_\_\_\_\_\_

2.Number of individuals seen once: \_\_\_\_\_\_

 Twice: \_\_\_\_\_\_

 Three times: \_\_\_\_\_\_

 Four times: \_\_\_\_\_\_

 Five times: \_\_\_\_\_\_

 Six times: \_\_\_\_\_\_

 More than six \_\_\_\_\_\_

3.Number of group counseling sessions minimum 10 hours group: \_\_\_\_\_\_\_\_\_\_

4.Number of Parent and Family Counseling Sessions \_\_\_\_\_\_\_

5.Number of Classroom Guidance or Psycho-educational Groups\_\_\_\_\_\_\_

**B. Indirect Service Hours**

6.Number of hours of Professional Development Activities attended. \_\_\_\_\_\_\_\_\_\_

(i.e. Any professional programs, presentations, or in-services you attended. Briefly

describe.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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7.Number of hours of Consultation\_\_\_\_\_\_\_\_

8.Number of hours of Program Development\_\_\_\_\_\_\_\_\_

9.Number of hours of Assessment\_(Discuss the names of kinds of Assessment, i.e. IEP or specific kinds of tests)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10.Number of hours of Case Management\_\_\_\_\_\_

**Part III. Supervision**:

**To be completed by Site Supervisor, University Supervisor, and Student Intern.**

Total Hours of Individual Supervision: Site \_\_\_\_\_\_\_\_ University\_\_\_\_\_\_\_\_Total\_\_\_\_\_\_\_

Total Hours of Triadic Supervision: Site \_\_\_\_\_\_\_\_\_ University\_\_\_\_\_\_\_\_Total\_\_\_\_\_\_\_\_\_

Total Hours of Group Supervision: Site \_\_\_\_\_\_\_\_\_\_University\_\_\_\_\_\_\_\_Total\_\_\_\_\_\_\_\_

Number of video tapes turned in by student and critiqued: Site\_\_\_\_\_\_\_University\_\_\_\_\_\_\_Total\_\_\_\_\_\_

Signing below indicates you have reviewed the information provided and it is accurate to the best of your knowledge.

**Student Signature and Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Site Supervisor Signature and Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**University Supervisor Signature and Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**