DUQUESNE UNIVERSITY
SCHOOL OF EDUCATION
Department of Counseling, Psychology and Special Education
Counselor Education Program

PRACTICUM LOG

NAME OF STUDENT: ___________________________________ SEMESTER/YEAR: ________________

NAME OF SITE: ________________________________________ LOG #: ______________________

DATE OF SITE VISIT: ___________ SITE SUPERVISOR NAME: _____________________________

INDIVIDUAL COUNSELING ACTIVITIES:

GROUP COUNSELING ACTIVITIES:

SUPERVISION:

STUDENT REFLECTION/GOAL SETTING:

TIME (From/To): __________________________

TOTAL HOURS THIS ENTRY: ___________ TOTAL CUMULATIVE SESSION HOURS: ___________

SUPERVISOR SIGNATURE __________________________ DATE: _________________________

December 2005