**Verification of Practicum Training HourS**

Counseling psychology program

University of Akron

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name

*This memo attests to my practicum experience at*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Site name Street Address City, State, Zip Code

*during \_\_\_\_\_\_\_\_\_\_\_\_ semester(s), \_\_\_\_\_\_\_ under the supervision of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.*

year degree

*DATES*

Beginning date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ending date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hours per week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total number of weeks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*CLIENTS*

Number of clients: (individual counseling): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of groups: (group counseling): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of couples or families: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of assessments (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of intakes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of outreach presentations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of integrated reports: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*HOURS*

Total hours in direct client service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total hours in on-site supervision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total hours in campus supervision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total hours in related activities (e.g., peer supervision,

note writing, tape review, consultation): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*TOTAL NUMBER OF HOURS IN PRACTICUM ACTIVITIES: \_\_\_\_\_\_\_\_\_\_*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ON-SITE SUPERVISOR DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FACULTY SUPERVISOR DATE