**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