



Name: \_\_\_\_\_

ID# \_\_\_\_\_

Email: \_\_\_\_\_

Date \_\_\_\_\_

### CLINICAL TRAINING RECORDS FORM

**PRACTICUM**

YEAR: _____	Evaluation	Log	Group Hours	Other Direct Hours	Indirect Hours
Site: Supervisor:					
Practicum I MARK:  Practicum II MARK:	<b>Practicum Totals</b>				

**INTERNSHIP**

	Site Agrmt	Evaluation	Log	Group Hours	Other Direct Hours	Indirect Hours
Site: Supervisor:						
Site: Supervisor:						
Site: Supervisor:						
Site: Supervisor:						
Site: Supervisor:						
INTERNSHIP I MARK :	<b>Internship Totals</b>					
INTERNSHIP II MARK:	<b>Grand Totals</b>			/50	/230	/420

(Print Name)

(Signature)

(Date)

FRC Director: \_\_\_\_\_