TRINITY WESTERN UNIVERSITY

Name: _____ **ID#** _____

Email: _____ **Date** _____

FRASER RIVER COUNSELLING
Practicum Log

	DIRECT HOURS			INDIRECT HOURS				
DATE	**DIRECT HOURS**	**GROUP HOURS**		Group supervision/ Milieu	One-to-one supervision	Counselling prep/client files	Training/ In-service	**TOTAL INDIRECT HOURS**
TOTAL								

(Print Name) (Sign Name) (Date)

Practicum Supervisor: _____ _____ _____

Practicum Counsellor: _____ _____ _____

FRC Director: _____ _____ _____