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								

Practicum Supervisor Name ***Signature*** ***Date***

Practicum Student Name ***Signature*** ***Date***

Clinical Team Member Name ***Signature*** ***Date***