

COLUMBUS STATE UNIVERSITY
Department of Counseling, Foundations, and Leadership
WEEKLY ACTIVITY & SUPERVISION LOG SUMMARY
PRACTICUM / INTERNSHIP

Name: _____ Degree Program / Track: _____/_____

Course #: _____ Semester / Year: _____/_____

Setting: _____ On-Site Supervisor: _____

Number of Weeks: _____ Hours per week: _____ Total hours: _____

Please provide a brief response to each of the following questions concerning your setting.

Type of clientele served (include race/cultural issues):

Specify your duties and responsibilities:

Goals for Semester:

Professional programs attended or developed:

Contacts

Number of clients seen: _____

Number of entries made in log: _____

