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LPC Internship Clinical Hours Log

LPC-Intern: _____ Site: _____

| Supervision Session Content & Signature | | | | | | | |
|---|--|--|--|--|--|--|--|
| Total Supervision Hours | | | | | | | |
| Supervision Hours For Week | | | | | | | |
| Total Indirect Hours | | | | | | | |
| Indirect Counseling Hours For The Week | | | | | | | |
| Total Direct Hours | | | | | | | |
| Technological For The Week | | | | | | | |
| Direct Counseling Hours For The Week | | | | | | | |
| Dates By Week | | | | | | | |