Counseling Hours Log (MA Only)

San Jose State University - Counselor Education Program

Name: _____ ***Field Site:*** _____

Sem + Year _____ ***Instructor*** _____

Type of Placement?

____ *Higher Education*

____ *Governmental Agency*

____ NonProfit/Comm Agency

Week of:	**# of Hrs: Site Super-vision Check In**	**# of Hrs: Indirect Coun-seling**	**# of Hrs: Direct Coun-seling**	**TOTAL Hours#**	**Activities -** Include details about the activities completed during the week, including both direct and indirect counseling services provided. What unique functions were fulfilled during the week?
TOTAL HRS:					

_____ _____

(Date) Field Site Supervisor Name and Signature