

Complete a separate logsheet for EVERY clinical case during all training experiences.

<b>Info</b>	Student Trainee LAST Name	Student FIRST Name (Given)	Supervisor Name
	Training Site	START Date of Practicum/Internship	END Date of Practicum/Internship

<b>Case Characteristics</b>	Age	Sex	Intake, Assessment, & Outcome Measures (administered, scored, & interpreted; number of times used)
	Language	Disabilities	
	Race/Ethnicity	Sexual Orientation	
	Clinical Approach	Therapy / Assessment Format	
	Presenting Problem / Reason for Referral	Integrated Psychological Report (history, interview, 2 tests)	

Write in the start date of the week you begin working with the client. Insert the number of hours for each activity per week.

Week	1	2	3	4	5	6	7	8	9	10	11	12	13
Start date of week													
<b>Direct Contact</b>													
Intake Interview													
Therapy Session													
Assessment Testing													
Consultation													
<b>Indirect Contact</b>													
Chart Review													
Progress Notes													
DVD Review													
Session Planning													
Readings													
Score/ Interpret Measures													
Report Writing													
Collateral Contacts / Calls													
<b>Supervision</b>													
Individual													
Group													

Week	14	15	16	17	18	19	20	21	22	23	24	25	26
Start date of week													
<b>Direct Contact</b>													
Intake Interview													
Therapy Session													
Assessment Testing													
Consultation													
<b>Indirect Contact</b>													
Chart Review													
Progress Notes													
DVD Review													
Session Planning													
Readings													
Score/ Interpret Measures													
Report Writing													
Collateral Contacts / Calls													
<b>Supervision</b>													
Individual													
Group													

<b>Signature</b>													
I certify that all of the clinical hours information documented above is true to the best of my knowledge and belief.													
Student Trainee Name PRINT				Student Trainee Signature						Date			