



Department of Applied Psychology  
Clinical Mental Health Counseling Program

### PRACTICUM/INTERNSHIP PROGRESS REPORT

STUDENT: \_\_\_\_\_ MONTH/YEAR: \_\_\_\_\_

SITE: \_\_\_\_\_ PRO SEM LEADER: \_\_\_\_\_

TOWN/CITY/STATE: \_\_\_\_\_ SITE SUPERVISOR: \_\_\_\_\_

Please fill out at the **end of each month & return to your Professional Seminar Leader**

#### 1. INDIVIDUAL CLIENTS ASSIGNED

( age / sex / problem / # sessions for the reporting period / new or ongoing case / status, i.e., continuing or closed at the end of the month)

Examples : 28 / M / alcohol / #2 / new / closed \*\*\* 30 / F / abuse issues / #3 / ongoing / continuing

Client A \_\_\_\_\_

Client B \_\_\_\_\_

Client C \_\_\_\_\_

Client D \_\_\_\_\_

Client E \_\_\_\_\_

Client F \_\_\_\_\_

Client G \_\_\_\_\_

Total Clients: \_\_\_\_\_ Total Sessions: \_\_\_\_\_ Total Hours: \_\_\_\_\_

#### 2. SYSTEMS ASSIGNED

(groups, couples, families / problem / # sessions / new or ongoing / status)

Examples : group / ACOA / #2 / ongoing / cont. \*\*\* family / parent-child problem / #1 / new / cont.

System A \_\_\_\_\_

System B \_\_\_\_\_

System C \_\_\_\_\_

Total systems: \_\_\_\_\_ Total Sessions: \_\_\_\_\_ Total Hours: \_\_\_\_\_

#### 3. CONTACTS WITH UNASSIGNED CLIENTS / SYSTEMS

(List by type of contact, e.g., intake, walk-in, phone call / # of contacts / time)

Example: phone call / crisis / #1 / 45 min.

Contact A \_\_\_\_\_

Contact B \_\_\_\_\_

Contact C \_\_\_\_\_

Contact D \_\_\_\_\_

Total Contacts with Unassigned Clients/Systems: \_\_\_\_\_ Total Hours: \_\_\_\_\_

**4. INDIVIDUAL SUPERVISION:** (actual date & amount of time)

Week 1 \_\_\_\_|\_\_\_\_ Week 2 \_\_\_\_|\_\_\_\_ Week 3 \_\_\_\_|\_\_\_\_ Week 4 \_\_\_\_|\_\_\_\_ Week 5 \_\_\_\_|\_\_\_\_

**5. OTHER SUPERVISION:** (individual, small group, or staff training; actual date & amount of time)

Week 1 \_\_\_\_|\_\_\_\_ Week 2 \_\_\_\_|\_\_\_\_ Week 3 \_\_\_\_|\_\_\_\_ Week 4 \_\_\_\_|\_\_\_\_ Week 5 \_\_\_\_|\_\_\_\_

**6. OTHER ACTIVITIES**

(List by type & frequency, e.g., staff meetings, supervision, on-call)

Activity A \_\_\_\_\_

Activity B \_\_\_\_\_

Activity C \_\_\_\_\_

Activity D \_\_\_\_\_

**7. HOURS AT SITE:** Week 1 \_\_\_\_ Week 2 \_\_\_\_ Week 3 \_\_\_\_ Week 4 \_\_\_\_ Week 5 \_\_\_\_

Monthly total: \_\_\_\_ Cumulative total (semester to date): \_\_\_\_

**8. DIRECT SERVICE HOURS:** Week 1 \_\_\_\_ Week 2 \_\_\_\_ Week 3 \_\_\_\_ Week 4 \_\_\_\_ Week 5 \_\_\_\_

Monthly total: \_\_\_\_ Cumulative total (semester to date): \_\_\_\_

**9. COMMENTS ABOUT YOUR PROGRESS AS AN INTERN**

(how are things going, any changes, problems?)

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Signatures: \_\_\_\_\_  
Intern Site Supervisor Pro Sem Leader