

## TIME SHEET

### COUNSELING PSYCHOLOGY PRACTICUM

### TARLETON STATE UNIVERSITY

STUDENT: \_\_\_\_\_ SEMESTER: \_\_\_\_\_

FIELD PLACEMENT SITE: \_\_\_\_\_

- Legend:
- |   |  |
|---|--|
| <p><u>Direct Client Contact</u></p> <ul style="list-style-type: none"> <li>#1 – Individual Counseling</li> <li>#2 – Group Counseling</li> <li>#3 – Development/Prevent. Guidance</li> <li>#4 – Career &amp; Educational</li> <li>#5 – Client Appraisal</li> <li>#6 – Couple/Family</li> <li>#7 – Other</li> </ul> | <p><u>Indirect/Adjunctive Services</u></p> <ul style="list-style-type: none"> <li>#8 – Planning, Preparation, &amp; Report Writing</li> <li>#9 – Supervision</li> <li>#10 – Case Conference &amp; Referral</li> <li>#11 – Recordkeeping &amp; Documentation</li> <li>#12 – Orientation &amp; Professional Growth</li> <li>#13 – Other</li> </ul> |
|---|--|

| Date | Day   | #1 | #2 | #3 | #4 | #5 | #6 | #7 | #8 | #9 | #10 | #11 | #12 | #13 | Total |
|------|-------|----|----|----|----|----|----|----|----|----|-----|-----|-----|-----|-------|
|      | Sun.  |    |    |    |    |    |    |    |    |    |     |     |     |     |       |
|      | Mon.  |    |    |    |    |    |    |    |    |    |     |     |     |     |       |
|      | Tues. |    |    |    |    |    |    |    |    |    |     |     |     |     |       |
|      | Wed.  |    |    |    |    |    |    |    |    |    |     |     |     |     |       |
|      | Thur. |    |    |    |    |    |    |    |    |    |     |     |     |     |       |
|      | Fri.  |    |    |    |    |    |    |    |    |    |     |     |     |     |       |
|      | Sat.  |    |    |    |    |    |    |    |    |    |     |     |     |     |       |

Field Supervisor Signature: \_\_\_\_\_

| Date | Day   | #1 | #2 | #3 | #4 | #5 | #6 | #7 | #8 | #9 | #10 | #11 | #12 | #13 | Total |
|------|-------|----|----|----|----|----|----|----|----|----|-----|-----|-----|-----|-------|
|      | Sun.  |    |    |    |    |    |    |    |    |    |     |     |     |     |       |
|      | Mon.  |    |    |    |    |    |    |    |    |    |     |     |     |     |       |
|      | Tues. |    |    |    |    |    |    |    |    |    |     |     |     |     |       |
|      | Wed.  |    |    |    |    |    |    |    |    |    |     |     |     |     |       |
|      | Thur. |    |    |    |    |    |    |    |    |    |     |     |     |     |       |
|      | Fri.  |    |    |    |    |    |    |    |    |    |     |     |     |     |       |
|      | Sat.  |    |    |    |    |    |    |    |    |    |     |     |     |     |       |

Field Supervisor Signature: \_\_\_\_\_

| Date | Day   | #1 | #2 | #3 | #4 | #5 | #6 | #7 | #8 | #9 | #10 | #11 | #12 | #13 | Total |
|------|-------|----|----|----|----|----|----|----|----|----|-----|-----|-----|-----|-------|
|      | Sun.  |    |    |    |    |    |    |    |    |    |     |     |     |     |       |
|      | Mon.  |    |    |    |    |    |    |    |    |    |     |     |     |     |       |
|      | Tues. |    |    |    |    |    |    |    |    |    |     |     |     |     |       |
|      | Wed.  |    |    |    |    |    |    |    |    |    |     |     |     |     |       |
|      | Thur. |    |    |    |    |    |    |    |    |    |     |     |     |     |       |
|      | Fri.  |    |    |    |    |    |    |    |    |    |     |     |     |     |       |
|      | Sat.  |    |    |    |    |    |    |    |    |    |     |     |     |     |       |

Field Supervisor Signature: \_\_\_\_\_