



**Graduate Program in Counseling  
Field Log Responsibilities and Supervision**

Graduate Student: \_\_\_\_\_ Student ID#: @\_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

University Supervising Professor: \_\_\_\_\_

Semesters of  
Practicum: \_\_\_\_\_ Total Hours at Site: \_\_\_\_\_ Total Hours Counseling Individuals: \_\_\_\_\_

Practicum Site: \_\_\_\_\_

Field Site Supervising Practitioner: \_\_\_\_\_ License/Certificate #: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Description of Practicum Responsibilities:**

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