



COUNSELING, HUMAN SERVICES, AND WELLNESS  
**SCHOOL OF EDUCATION**  
Indiana University South Bend

## **Counseling Program Clinical Hours Documentation Form**

**Directions:** This form is to be completed and submitted to your University field placement instructor for verification and signature at the end of the semester.

Student's Name: \_\_\_\_\_ Student's ID number: \_\_\_\_\_

Class: (i.e., G524) \_\_\_\_\_ Track: \_\_\_\_\_ Semester & Year: \_\_\_\_\_

Name of Site: \_\_\_\_\_

On-Site Supervisor: \_\_\_\_\_ Degrees & Credentials: \_\_\_\_\_

IUSB Faculty: \_\_\_\_\_

### **Direct and Indirect Individual Counseling and Groups**

Number of Direct Individual Service Hours Completed:	
Number of Direct Group Counseling Hours Completed: <i>(*must complete at least 10 group hours during practicum or internship)</i>	
Number of Indirect Service Hours Completed:	
<i>Total Number of Direct and Indirect Services Completed:</i>	

### **Supervision**

Number of in-person Individual Site Supervision by Site Supervisor Hours:	
Number of in person Group Supervision by University Instructor:	
Number of in-person Individual/Triadic Supervision by University Supervisor:	
<i>Total Number of Individual Supervision:</i>	
<i>Total Number of Group Supervision:</i>	

Site Supervisor Signature and Date: \_\_\_\_\_

University Supervisor Signature and Date: \_\_\_\_\_

<b>Hours and Experiences Expectations (faculty circle outcome)</b>	<b>MET</b>	<b>NOT MET</b>
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