PRACTICUM LOG SHEET

Student Name _____ Date From _____ To _____

Practicum Course # _____

Setting _____

Supervisor _____

Date	Client Code	Type of client	Age	Presenting problem, diagnosis, or referral question	Assessment interview (time)	Description of testing	Formal testing (time)	Type of intervention	Intervention (time)	Description of indirect service	Indirect service (time)

Student Signature _____

Supervisor Signature _____