## Clinical Experience Activity Log

**Worksite**

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<tr>
<th>Date</th>
<th>Activity Code</th>
<th>Time (in hours)</th>
<th>Comments</th>
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**Activity Codes**

- **A. Direct Services**
  - A. 1 – Intake/Interview
  - A. 2 – Individual Counseling
  - A. 3. – Family Counseling
  - A. 4 – Group Counseling
  - A. 5 – Testing/Assessment
  - A. 6 - Other

- **B. Indirect Services**
  - B. 1 - Case Consultation
  - B. 2 - Research
  - B. 3 - Reports/ Case Notes
  - B. 4 - Case Management
  - B. 5 - Other

**Week of:** _________ **Total Hours for Week_____** **Total Cumulative Hours______**

**Supervisor Signature/Initials**

__________________________________________________________