

**Record of Practicum/Internship & Supervisory Data**

Name of ASU Graduate Student: \_\_\_\_\_

Dates of Practicum/Internship: \_\_\_\_\_

Total number of hours completed by ASU student: \_\_\_\_\_

Direct service hours completed by ASU student: \_\_\_\_\_

Name of Counseling Agency/School:  
\_\_\_\_\_

Address of Agency/School:  
\_\_\_\_\_  
\_\_\_\_\_

Agency/School Phone: \_\_\_\_\_

**Agency/School Site Supervisor Information**

Name of Supervisor: \_\_\_\_\_

Years of Counseling Experience: \_\_\_\_\_ Highest Degree: \_\_\_\_\_

Professional Licensure/Certifications: \_\_\_\_\_

**ASU Supervisor Information**

Name of ASU Faculty Supervisor: \_\_\_\_\_

Total number of hours of individual supervision at ASU: \_\_\_\_\_

Total number of hours of group supervision at ASU: \_\_\_\_\_

\_\_\_\_\_  
ASU Student Date

\_\_\_\_\_  
Site Supervisor Date

\_\_\_\_\_  
ASU Faculty Supervisor Date