**ORAL ROBERTS UNIVERSITY**

**Graduate School of Theology and Ministry**

**Master of Arts in Christian Counseling**

**LPC/LMFT Practicum and Internship Program**

**RECORD OF SUPERVISED EXPERIENCE**

**Student Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Site Supervisor Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Semester/Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Practicum \_\_\_\_\_\_\_Internship I \_\_\_\_\_\_\_Internship 2 \_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- |
| **Week**  **Beginning Date** | **Date(s) Met with Supervisor** | **Total Number of**  **Face-to-Face**  **Supervision Hours**  **(GRP) (TRI) (IND)** | **Total Number of Direct Client Contact Hours** | **Total Number of Supervised Experience Hours** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |
| 11 |  |  |  |  |
| 12 |  |  |  |  |
| 13 |  |  |  |  |
| 14 |  |  |  |  |
| 15 |  |  |  |  |
| **Total Hours** |  |  |  |  |

Student Intern Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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