

CARIBBEAN GRADUATE SCHOOL OF THEOLOGY
THE COUNSELLING CENTRE

TCCA-2

PRACTICUM LOG SHEET

Name: _____

Month/Year: _____

Practicum Site: _____

Supervisor: _____

						SIGNATURE	
						Sup.	Dir.
Date:							
Time:							
CLINICAL ACTIVITIES							
Individual Therapy (Adult)							
Crisis Intervention							
Child /Adolescent Therapy							
Telephone Counselling							
Online Counselling							
Family Therapy							
Couples Therapy							
Group Therapy							
Client – Centred Play Therapy							
Psychological Testing Observation							
Progress Notes							
CONFERENCES/SEMINARS							
Case Conference							
Workshop/Seminar							
Practicum Training / Monthly Seminars							
SUPERVISION							
Individual Supervision (TCC)							
Individual Supervision (SITE)							
Group Supervision							

Director Supervision							
						SIGNATURE	
Time:						Sup.	Dir.
OTHER PRACTICUM ACTIVITIES							
Educational Reading Materials (Minimum 25 hrs)							
Educational Videos /Webinars etc (Minimum 15 hrs)							
Practicum Orientation							
Administration (answering telephone, filing, relaying messages etc)							
Spiritual Formation Support Group							
TOTAL							

FOR OFFICIAL USE ONLY	
Logged By: _____ Administrative Assistant	Date: _____
Verified By: _____ Practicum Coordinator	Date: _____

