CNE 6386 Field Practicum
Activity Plan

Counseling Student: ____________________________ Semester: ________________

1. Schedule of Internship Hours

Sunday: From: ___ To: ___ Hours: ____________
Monday: From: ___ To: ___ Hours: ____________
Tuesday: From: ___ To: ___ Hours: ____________
Wednesday: From: ___ To: ___ Hours: ____________
Thursday: From: ___ To: ___ Hours: ____________
Friday: From: ___ To: ___ Hours: ____________
Saturday: From: ___ To: ___ Hours: ____________
Weekly Total: ______

2. Weekly Activities: Direct

Individual Counseling: ______
Group Counseling: ______
Couple and Family Counseling: ______
Assessment: ______
Classroom Guidance: ______
Other: 
____________________  ______
____________________  ______
____________________  ______
____________________  ______
Weekly Total: ______

3. Weekly Activities: Indirect

Administrative duties: ______
Agency Staffing: ______
Other: 
____________________  ______
____________________  ______
____________________  ______
____________________  ______
Weekly Total: ______

Student Signature and Date: _______________________________________________
Supervisor Signature and Date: ______________________________________________