

Scheduled Maintenance on July 14

Dismiss


Please be aware that Time2Track will be unavailable on the morning of Sunday July 14, 2024, for scheduled maintenance. We apologize for any inconvenience.

Combined Summary


This report includes confirmed activities only.

Generated for Kendra Wyant on July 9, 2024.

Date Range



to



Level

Select Level

Placement

All Placements

Setting

University Counseling Center / Student Mental Health Center

Tags

Select Tag

☐ Consolidate custom activity types

☐ Approved hours only

Hours By Tag

Tag	Hours
BASICS	11.00
CASICS	1.45
choices	2.35
group	2.35
role play	10.50
telehealth	11.80
training videos	17.00

Hours by Type

Intervention	Hours
Substance Abuse Intervention	12.30
Total	12.30
Support	Hours
Clinical Writing/Progress Notes	1.50
Reading/Research/Preparation	1.50
Seminars/Didactic Training	17.00
Other	10.50
Total	30.50
Supervision	Hours
Individual Supervision - Other (eg. peer to peer)	1.00
Total	1.00
Summary	Hours
Intervention	12.30
Support	30.50
Supervision	1.00
Total	43.80

Demographics

Age	Clients Seen
Infants / Toddlers (0-2)	0
Pre-School Age (3-5)	0
School-Age (6-12)	0
Adolescents (13-17)	0
Adults (18-64)	6
Older Adults (65+)	0
Gender	Clients Seen
Male	5
Female	1
Transgender	0
Other	0
Sexual Orientation	Clients Seen
Don't Know	0
Heterosexual	0
Gay	0
Lesbian	0
Bisexual	0
Other	0
Race / Ethnicity	Clients Seen
African-American / Black / African Origin	0
Asian-American / Asian Origin / Pacific Islander	0
Latino-a / Hispanic	0
American Indian / Alaska Native / Aboriginal Canadian	0
European Origin / White	0
Bi-racial / Multi-racial	0
Other	0
Disabilities	Clients Seen
None	0
Physical/Orthopedic	0
Blind/Visually Impaired	0
Deaf/Hard of hearing	0
Learning/Cognitive Disability	0
Developmental Disability	0
Serious Mental Illness	0
Other	0

Client Tags

	Total
choices	1
group	1
BASICS	4
telehealth	2
CASICS	1

Total Clients Seen

	Total
Individuals	6
Couples	0
Families	0
Groups	1

Trainee signature: _____ Date: _____

Printed name: _____

Supervisor signature: _____ Date: _____

Printed name: _____

Program verification signature: _____ Date: _____

Printed name: _____ Title / Position: _____