

# MONTHLY CLINICAL PRACTICUM LOG (2011-2012)

ARGOSY UNIVERSITY, PHOENIX

Student Name: Daniel Boice  
 Practicum Site Name: Neuropsychology Consulting Services  
 Program: PsyD

Month/Year: May 2012  
 Supervisor: Dr. Robert Briggs, Ph.D.  
 Course: Practicum I

DIRECT SERVICE ACTIVITIES	Week 1	Week 2	Week 3	Week 4	Week 5	Totals Per Month	Cumulative Hours (from Previous Monthly Logs)	TOTAL HOURS TO DATE
<b>Therapy and Intervention</b>								
<b>Individual Therapy/Counseling</b>								
Older Adult (65+)						0.00	0.00	0.00
Adult (18-64)						0.00	0.00	0.00
Adolescent (13-17)						0.00	0.00	0.00
School Age (6-12)						0.00	0.00	0.00
Pre-School Age (3-5)						0.00	0.00	0.00
Infant (0-2)						0.00	0.00	0.00
								<b>0.00</b>
<b>Group Therapy/Counseling</b>								
Adults (18 and over)						0.00	0.00	0.00
Adolescents (13-17)						0.00	0.00	0.00
Children (12 and under)						0.00	0.00	0.00
								<b>0.00</b>
<b>Family and Couples Therapy/Counseling</b>								
Family						0.00	0.00	0.00
Couples						0.00	0.00	0.00
								<b>0.00</b>
<b>Other Psychological Interventions</b>								
Sport Psychology Intervention						0.00	0.00	0.00
Medical/Health-Related Intervention						0.00	0.00	0.00
Substance Abuse Intervention						0.00	0.00	0.00
Consultation With Client(s) Present						0.00	0.00	0.00
Other Interventions (specify below):						0.00	0.00	0.00
								<b>0.00</b>
<b>Total Intervention Hours</b>	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Assessment</b>								
Intake/Structured Interview						0.00	1.00	1.00
Psychodiagnostic Test Administration						0.00	0.00	0.00
Neuropsychological Test Administration	7.00	12.00		8.00		27.00	231.75	258.75
Other Assessment Activities (specify below):						0.00	5.00	5.00
<b>Total Assessment Hours</b>	7.00	12.00	0.00	8.00	0.00	<b>27.00</b>	<b>237.75</b>	<b>264.75</b>
<b>Total Direct Hours</b>	<b>7.00</b>	<b>12.00</b>	<b>0.00</b>	<b>8.00</b>	<b>0.00</b>	<b>27.00</b>	<b>237.75</b>	<b>264.75</b>

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INDIRECT SERVICE ACTIVITIES	Week 1	Week 2	Week 3	Week 4	Week 5	Totals Per Month	Cumulative Hours (from Previous Monthly Logs)	TOTAL HOURS TO DATE
<b>Support Activities</b>								
Case Conferences						0.00	0.00	0.00
Case Management/Consultation						0.00	0.00	0.00
Didactic Training/Seminars/Grand Rounds						0.00	0.00	0.00
Progress Note/Clinical Writing/Chart Review	2.00	2.00		6.00		10.00	40.50	50.50
Psych. Assessment Scoring/Interpretation	5.00			4.00		9.00	189.75	198.75
Report Writing						0.00	0.00	0.00
Video-Audio-Digital Recording Review						0.00	0.00	0.00
Peer Supervision/Consultation						0.00	0.00	0.00
Other (specify below):						0.00	178.00	178.00
								<b>427.25</b>
<b>Total Support Hours</b>	<b>7.00</b>	<b>2.00</b>	<b>0.00</b>	<b>10.00</b>	<b>0.00</b>	<b>19.00</b>	<b>408.25</b>	<b>427.25</b>

Supervision Received								
Supervision Received by a Licensed Psychologist								
Individual Supervision	1.00	1.00		1.00		3.00	43.50	46.50
Group Supervision	1.00	1.00		1.00		3.00	37.50	40.50
								87.00
Supervision Received by Other Licensed Mental Health Professional - specify below								
Individual Supervision						0.00	0.00	0.00
Group Supervision						0.00	0.00	0.00
Type of license/certification of supervisor (e.g., LISAC, MFT, LCSW):								0.00
Other (e.g., Advanced Graduate Student Supervised by a Licensed Psychologist) - specify below								
Individual Supervision						0.00	4.00	4.00
Group Supervision						0.00	4.00	4.00
Specify details of supervision here:								8.00
Total Supervision Hours	2.00	2.00	0.00	2.00	0.00	6.00	89.00	95.00

<b>TOTAL OVERALL HOURS</b>	<b>16.00</b>	<b>16.00</b>	<b>0.00</b>	<b>20.00</b>	<b>0.00</b>	<b>52.00</b>	<b>735.00</b>	<b>787.00</b>
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Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Primary Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Prac. Seminar Instructor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_