THE UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE

**Counseling Practicum/Internship Weekly (or Bi-weekly) Review**

Name: \_\_\_\_\_\_\_\_\_\_\_ Week(s) of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practicum/Internship site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total clinical hours\*: \_\_\_\_\_\_

\*(at this point)

Total client contact hours\*: \_\_\_\_\_\_

\*(at this point)

General description of activities you were engaged in during this period:

Identify any concerns, areas needing clarification, or general developmental questions you might have as you review this week(s) activities/experiences: