

FORM 8: FINAL EVALUATION COVER SHEET AND HOURS LOG SUMMARY

Counselling Trainee/Practicum Student Information:

Given and last name: _____

Placement Information:

Placement site name: _____

Period of placement: (from) _____ (to) _____

Supervisor(s) Information:

**List all supervisors who have been qualified by the Practicum Coordinator to supervise the student

Supervisor's name: _____

Supervisor's name: _____

Supervisor's name: _____

Student Hours Acquired at Site Under Supervisor(s) Listed Above:

Total number of individual counselling hours (individual, couple, family) _____ hours
(160 total required)

Total number of group counselling hours _____ hours
(40 total required)

Total number of individual supervision hours _____ hours
(25 total required)

Total number of professional development hours _____ hours
(175 total required)

Grand total number of hours _____ **hours**
(400 total required)

Student printed name: _____

Student signature: _____

Supervisor printed name: _____

Supervisor signature: _____

Supervisor printed name: _____

Supervisor signature: _____

Supervisor printed name: _____

Supervisor signature: _____