

SCHOOL COUNSELING
CERTIFICATION
MONTHLY LOGSHEET

Name:		Date:						
Placement:								
Supervisor:		Educ 697 Teacher:		Month of:		Week #:		
Indicate amount of time spent in delivery of services at your setting:				Monday / / 2007	Tuesday / / 2007	Wednesday / / 2007	Thursday / / 2007	Friday / / 2007
		OBSERVED	DIRECT SERVICES					
<i>GUIDANCE CURRICULUM</i>								
CLASSROOM INSTRUCTION								
INTERDISCIPLINARY CURRICULUM								
PARENT WORKSHOPS & INSTRUCTIONS								
<i>INDIVIDUAL STUDENT PLANNING</i>								
INDIVIDUAL OR SMALL GROUP APPRAISAL								
INDIVIDUAL OR SMALL GROUP ADVISEMENT								
<i>RESPONSIVE SERVICES</i>								
CONSULTATION								
INDIVIDUAL OR SMALL GROUP COUNSELING								
CRISIS COUNSELING/RESPONSE								
REFERRALS								
PEER FACILITATION								
<i>SYSTEMS SUPPORT</i>								
PROFESSIONAL DEVELOPMENT								
CONSULTATION, COLLABORATION, TEAMING								
PROGRAM MANAGEMENT AND OPERATION								
<i>OTHER:</i>								
SUPERVISOR SIGNATURE:								