Clinical Experience Summary Form
Clinical Mental Health Counseling MIDPOINT and ENDPOINT (circle one)
*This form is to help you fill out your LCMHC application*

Student’s name: _______________________________ Date: ________________

Placement site: ________________________________ Semester/Year __________

Site supervisor: ________________________________

Site supervisor credentials/qualifications: ________________________________

Campus Supervisor: ____________________________________________________

Activity reported represents (check one):
☐ Practicum in Clinical Mental Health Counseling
☐ Internship I in Clinical Mental Health Counseling
☐ Internship II in Clinical Mental Health Counseling

PLACEMENT HOURS

Individual counseling: _____

Group counseling: _____

Family counseling: _____

Couples counseling: _____

Consultation: _____

TOTAL DIRECT SERVICE HOURS: _____

TOTAL NON-DIRECT SERVICE HOURS: _____
*Non-Direct hours do not need to be broken down*

TOTAL PRACTICUM/INTERNSHIP IN CLINICAL MENTAL HEALTH COUNSELING HOURS FOR THIS SEMESTER: _____

CAMPUS SUPERVISION HOURS

TOTAL SUPERVISION HOURS: _____

Please identify the mental health counseling services provided? (check all that apply):

☐ Intake Interview
Individual Counseling
Group Counseling
Couple Counseling
Family Counseling
Consultation
Report Writing
Other (describe):

Please identify the mental health and psychotherapy diagnostic and assessment tools that were utilized (check all that apply):

☐ Clinical Interview
☐ Self-Assessments
☐ Career Assessments
☐ Child Assessments
☐ Personality Assessments
☐ Risk/Suicide Assessments
☐ Other (describe):

Please explain how you prepared a therapy plan (Intake and Treatment plans) and provided mental health counseling under supervision?

_________________________________________________________________________________________________________________________
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This form must be turned in to your Campus Supervisor. Please keep a copy for yourself.