**Practicum Laboratory**

List of Clients

**Counselor-in-training:**

**Semester and Year Enrolled in Practicum:**

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| No. | Name of Client | Case Number(i.e., 95-0001) | Type of Counseling Offered (e.g., Indiv., Group, Family, etc.) |
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*Please make a copy of all contact hour forms including this page, give the original to your practicum instructor, and keep a copy with all of your files. Place a large rubber band around your files with these forms placed on the top of it. Give it to your instructor or place it in the file cabinet in the Practicum Lab office.*