NORTHERN ARIZONA UNIVERSITY

College of Education
Department of Educational Psychology

PRACTICUM LABORATORY

LIST OF CLIENTS

Student Name: _____

Semester and Year Enrolled in Practicum: _____

No.	Name of Client	Case Number (i.e., 95-0001)	Type of Counseling Offered (e.g., Indiv., Group, Family, etc.)

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.

Revised: RAH, August 2012