**Practicum Clinic**

Class Credit Form

Name of Instructor:

Name of Client:

NAU ID (if applicable):

Class:

Number of Sessions Attended: Individual Group

Number of No Shows:

Level of Involvement: (circle the appropriate number)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

|  |  |  |
| --- | --- | --- |
| No Involvement | Moderate Involvement | Highly Involved |

Counselor-in-Training Signature Date

*Counselor-in-training: Please provide the client with a copy of this form so that they can turn it in to their instructor/coach in order to obtain credit for attending counseling sessions.*