**Central Connecticut State University**

Department of Counselor Education and Family Therapy

# Student Development in Higher Education

# Monthly Hours Log – CNSL 503 & 592

Dates From: \_\_\_\_ /\_\_\_\_ /\_\_\_\_ To: \_\_\_\_ /\_\_\_\_ /\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cumulative Semester Total: \_\_\_\_

Cumulative Direct Student Contact Total: \_\_\_\_

Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Activity | Week 1 | Week 2 | Week 3 | Week 4 |
| \*Advising (Ind. Or Group) |  |  |  |  |
| \*Coaching (Career or other – identify) |  |  |  |  |
| \*ProgramPlanning w/Stud or W/O (identify) |  |  |  |  |
| \*Presentations (for students/for Staff & Faculty) identify |  |  |  |  |
| Budgeting, Finance, etc. |  |  |  |  |
| Consultation |  |  |  |  |
| Professional Development |  |  |  |  |
| Using Technology -Research, email, texting, reports etc. (identify) |  |  |  |  |
| Meetings (Identify) |  |  |  |  |
| One-on-one with Supervisor |  |  |  |  |
| Class Time | 1hr | 1hr | 1hr | 1hr |
| **Weekly Total****(Direct Total)** |  |  |  |  |