
PRACTICUM LABORATORY**CLASS CREDIT FORM**

Name of Instructor: _____

Name of Student: _____

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

Student Counselor: Please provide the student 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.