

INTERNSHIP II LOG

Student name: _____

Year and semester: _____

Site Name: _____

Week	DATES		Clsm	Direct hour/ Client Couns Contact			Indirect hour	Site supervision
	start	end	2.5hrs per week	Indiv(I); Couple(C); Family(F)	Group	Parent Consult	Case notes Readings, conference Webinar, trainings	Hours (1 hour per week)
1		to						
2		to						
3		to						
4		to						
5		to						
6		to						
7		to						
8		to						
9		to						
10		to						
11		to						
12		to						
13		to						
14		to						
15		to						
16		to						
TOTAL								
Internship I								
In between semester total hours								
Grand Total								

If you have two sites, you have to submit two separate summary log.

Site supervisor signature, date, name and credential _____

Student signature and date _____

Faculty signature, date, name and credential _____
