APPENDIX F

LOG OF INTERNSHIP HOURS **Semester: _____**

Student: _____ **Site: _____**

Site Supervisor: _____ **Internship Instructor: _____**

[Direct Client Hours] **[Site Hours]**

	1	2	3	4	5	6	7		8	9
Week	*Indivi -dual*	*Consul -tation*	*Group*	**Total Direct Client Hours**	*Indirect Site*	*Site Super- vision*	**Total Site Hours** **(7=4+5+6)**	**Site Supervisor's Signature**	*Group Class*	**Total Internship Hours** **(9=7+8)**

Total Direct Client Hours: _____ **Total Internship Hours: _____**

Total Practicum/Internship Direct Client Hours: _____ **Total Practicum/Internship Hours: _____**

Signature of Internship Instructor: _____ (Date) _____