LOG OF INTERNSHIP HOURS (MCFCT) **Semester: _____**

Student: _____ **Site: _____** **Site Supervisor: _____**

Internship Instructor: _____

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

	1	2	3	4	5	6	7	8	9		10	11
Week	*Indivi -dual*	*Consul -tation*	*Family*	*Couple*	*Group*	**Total Direct Client Hours (6=1+2+3+ 4 +5)**	*Indirect Site*	*Site Super- vision*	**Total Site Hours (9=6+7+8)**	**Site Supervisor's Signature**	*Group Class*	**Total Practicum Hours (11=9+10)**

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

Signature of Internship Instructor: _____ (Date): _____