Student Name       Semester

Internship Site       Internship Supervisor

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Week** | **Dates** | **Total hours** | **Activities**  *(e.g., Observed Interview, Reviewed Cases, Performed Intake)* | **Supervisor’s signature** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |
| 11 |  |  |  |  |
| 12 |  |  |  |  |
| 13 |  |  |  |  |
| 14 |  |  |  |  |
| 15 |  |  |  |  |
| 16 |  |  |  |  |

TOTAL HOURS WORKED THIS SEMESTER: \_     \_\_ (120 hours required)

           

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Student Supervisor Date