

Weekly Log *(Please type)*

DIRECTIONS: PLACE A CHECK IN THE APPROPRIATE BOXES

- | | |
|---|--|
| <input type="checkbox"/> Counseling Practicum | <input type="checkbox"/> Community/Agency |
| <input type="checkbox"/> Internship I | <input type="checkbox"/> School Counseling |
| <input type="checkbox"/> Internship II | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Combined Internship | |

Student's Name: _____ **Site:** _____

Date	Activity	Description of Activity	Indirect Hours	Direct Hours
Total				
Cumulative Indirect Hours		Cumulative Direct Hours	Cumulative Total Hours	

Signature of Site Supervisor: _____ Date: _____

Signature of Student Intern: _____ Date: _____