Name of Intern ___________________________________________________

Internship Site ________________________________________________

Name of Site-Based Supervisor ____________________________________

Start Date of this Log __________________________________________

End Date of this Log __________________________________________

Enter the total number of hours spent in each of the following areas and provide a description of your activities in the area.

**Assessment Hours** ______

Describe client characteristics and instruments used:

**Direct Intervention Hours** ______

Describe client characteristics, and intervention strategies/programs:

**Consultation Hours** ______

Describe consultee and client characteristics, and consultation approaches used:

**Research and Program Evaluation Hours** ______

Describe research and program evaluation activities:
**Supervision Hours**

Describe the format and schedule of supervision:

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**Professional Development/Learning Activities Hours**

Describe participation in workshops, inservice training, seminars, and/or other learning activities:

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**Administrative Activities and Planning Hours**

Describe activities related to program planning and implementation:

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**Leadership Activities Hours**

Describe activities in which you played a leadership role such as conducting training, chairing committees, grantwriting:

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**Total Internship Hours for this Semester**

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**Total Internship Hours**