UNC
UNIVERSITY OF NORTHERN COLORADO

INTERNSHIP HOURS LOG
CLINICAL MENTAL HEALTH COUNSELING

Graduate Student Intern: _____ Course/Semester:_____

University Internship Supervisor: _____

Week	Direct Service				Indirect Service	Supervision				Total
	Individual	Group	Other direct client contact	Total	(Paperwork, Workshops Watching Tapes, etc.)	Individual	Triadic	Group	Total	
Total Hours										

Signatures: By signing this document you are indicating that the above information is true to your knowledge

Graduate Student Intern: _____Date:_____

Site Supervisor:_____Date: _____