



HOUR LOG
SCHOOL COUNSELING INTERNSHIP

Name: _____

Site: _____

Target number of hours for semester: _____ (direct) _____ (total)

Monthly Hour Log (Date Range): _____

Please indicate number of hours spent during the week on each activity and sum the total number of direct and indirect hours. Additionally, calculate the total number of direct and indirect hours complete for the semester.

Total Direct Hours: _____ (week) _____ (semester)

- Individual Counseling, Group Counseling, Consultation, Other Responsive Services, Individual Student Planning, Classroom Curriculum, System Support, Advocacy, Other Activities:

Total Indirect Hours: _____ (week) _____ (semester)

- Curriculum Preparation, Responsive Services Preparation, Documentation of Responsive Services, Individual Student Planning Preparation, System Support, Site Supervision, Evaluation, Coordination, Other Activities:

Graduate Student Intern Signature: _____ Date: _____

Site Supervisor Signature: _____ Date: _____