TYPE KEY:	
Direct Service = DS	Class Meetings = CM
Diagnosis & Treatment = DX	Documentation = DOC
Supervision = S	Other = O

EDCO 671 - COUNSELING INTERNSHIP LOG

Name: _____

SS #: _____

Date: _____

Placement Site: _____

Site Supervisor: _____

Do not include confidential information (e.g. client names) on this log!

DATE	ACTIVITY	TYPE	TIME (in clock hours)

Please total hours for each *type* of service for each page:

DS: _____ CM: _____
DX: _____ O: _____
DOC: _____ S: _____
Total of all types: _____

DATE	ACTIVITY	TYPE	TIME (in clock hours)

Please total hours for each *type* of service for each page:

DS: _____ CM: _____
DX: _____ O: _____
DOC: _____ S: _____
Total of all types: _____

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DS: _____ CM: _____
DX: _____ O: _____
DOC: _____ S: _____
Total of all types: _____

DATE	ACTIVITY	TYPE	TIME (in clock hours)

TOTAL - _ DX: _____S: _____CM: _____ O: _____ DOC: _ = _____ **grand total hrs.**

We certify that the above information is accurate and complete.

_____ _____

Signature of Student Date

_____ _____

Signature of Site Supervisor Date

Please total hours for each *type* of service for each page:

DS: _____ CM: _____
DX: _____ O: _____
DOC: _____ S: _____
Total of all types: _____