Counseling & Development Graduate Program

Community Agency - Log of Hours/Activities

Name of Student Counselor:_____

Semester: Circle one - Fall or Spring **Year**: _____

EDCD 755 – Practicum: _____ (Minimum - 300 hours of on-site clinical field experience)

EDCD 791 – Internship: _____(Minimum - 300 hours of on-site clinical field experience)

Assigned Site: _____

Make additional copies as needed

DATE	**ARRIVAL TIME**	**DEPARTURE TIME**	**LENGTH OF VISIT**	**ACTIVITIES** (Be sure to include weekly Supervision meetings)

Name of Student Counselor: _____

DATE	**ARRIVAL TIME**	**DEPARTURE TIME**	**LENGTH OF VISIT**	**ACTIVITIES** (Be sure to include weekly Supervision meetings)

Name of Student Counselor: _____

DATE	**ARRIVAL TIME**	**DEPARTURE TIME**	**LENGTH OF VISIT**	**ACTIVITIES** (Be sure to include weekly Supervision meetings)

Signatures – Upon completion of Practicum/Internship

Student Counselor: _____ Date: _____

On-Site Supervisor: _____ Date: _____