Counseling & Development Graduate Program

Log of Hours/Activities

Name of Student Counselor:_____

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

EDCD 755 – Practicum: _____ (Minimum - 200 hours of on-site clinical field experience)
Circle one: PreK-6 or 7-12

EDCD 791 – Internship: _____(Minimum - 200 hours of on-site clinical field experience)
Circle one: PreK-6 or 7-12

Assigned Site: _____

NOTE: The Commonwealth of Virginia requires that school counselors be certified PreK-12. In order to satisfy this requirement, you will need to do your Practicum in one setting (PreK-6 or 7-12) and your Internship at another setting (PreK-6 or 7-12).

Make additional copies as needed

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

Name of Student Counselor:_____

DATE	ARRIVAL TIME	DEPARTURE TIME	LENGTH OF ATTENDANCE AT SITE	ACTIVITIES (Be sure to include weekly Supervision meetings)

Name of Student Counselor:_____

DATE	ARRIVAL TIME	DEPARTURE TIME	LENGTH OF ATTENDANCE AT SITE	ACTIVITIES (Be sure to include weekly Supervision meetings)

Signatures – Upon completion of Practicum/Internship

Student Counselor: _____ Date: _____

On-Site Supervisor: _____ Date: _____