INTERNSHIP LOG

NAME OF STUDENT: ____________________________  SEMESTER/YEAR: ______________

NAME OF SITE: _______________________________  LOG #: ______________

DATE OF SITE VISIT: ____________  SITE SUPERVISOR NAME: ___________________

DIRECT CONTACT ACTIVITIES/GOAL SETTING:

INDIRECT CONTACT ACTIVITIES/GOAL SETTING:

SUPERVISION:

STUDENT REFLECTION:

TIME (From/To): ________________________________

TOTAL HOURS THIS ENTRY: ________________  TOTAL CUMULATIVE HOURS: __________

DIRECT CONTACT HOURS: __________  DIRECT CONTACT CUMULATIVE TOTAL: __________

SITE SUPERVISOR SIGNATURE: ____________________________  DATE: __________________

August 2005