

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: \_\_\_\_\_