

Internship Summary Form

Please submit after completion of 120 direct hrs. and at the completion of each contracted internship.

N	Name (print clearly):													Site:													
												w	eeks														
Direct Client Contact Hours	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	Total
Individual*																											
Couple																											
Family																											
Assessment																											
Group **																											
** Includes both Indirect Hours	1					- 1	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	Total
Counselling Prep, Client Files Report Writing	/																										
One-to-One Supervision																											
Group Supervision																											
Training/Inservice	e																										
Internship Seminar																											
Milieu																											

Total Indirect Hours: _____

Student Signature

Supervisor Signature

Date

Assessment Supervisor

Date

(if applicable)