**School of Education**

**Log Number**

**From To**

**INTERN:**

**Secondary Education and School Leadership**

**School Counseling Internship Time Log and Supervision Log**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Description of School Counseling Activity** | **Direct Service** | **Indirect Service** |
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|  **Total Weekly Subtotal Internship Hours** |  |  |
|  **Total Weekly Internship Hours** |  |
| **Date(s) of Supervision:****Total Supervision Hours:****Brief Description of Supervision:****Intern’s Reflection/Response**What did you learn from the supervision session? How will you use this information in your practice of school counseling? |

Intern’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site Supervisor’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Computing Time**

15 minutes = .25 hours 1 hour = 1.0 hours 2 hours 30 minutes = 2.5 hours

30 minutes – 0.5 hours 1 hour 30 minutes = 1.5 hours

45 minutes = 0.75 hours 2 hours = 2.0 hours

|  |  |  |  |
| --- | --- | --- | --- |
| **Direct Services****face-to-face** | **Direct Services****face-to-face** | **Indirect Services** | **Indirect Services** |
| Individual Counseling | Assessment/Evaluation | Planning/Program Designing | Conferences and Workshops |
| Group Counseling | Consultation/Collaboration | Record Keeping | Observations |
| Classroom Guidance | Parent/Teacher Conferences | Test Coordination | Faculty/Staff Meeting |
| Assessment/Evaluation | Other | Supervision | Other |