## Norfolk State University Urban Education Program Practicum/Internship Hours Log Supervision Attendance Log

Semester: Fall 20_20	Spring 20	Summer 20	
Student's Name:	Site Supervisor:  nX_ Group Supervision _X_ Site Supervision (Mental Health Agency)		
X Individual Supervis	ion _X_ Group Supervision	on X Site Supervision (Menta	al Health Agency)
Document individual and semester.	d group supervision hours. Sup	pervisor should sign form at the	end of the
	Date of Supervision	Time Spent	_
	9.4.2020	3	
	9.12.2020	1	
	9.18.2020	1	
	9.25.2020	1	
	10.1.20	1	
	10.6.2020	2	
	10.8.2020	1	
	10.14.2020	1	
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	Total Cumulative Hours	Individual =7	-
	10001 000101001 0 110010	Group = 5	
<u>.</u>		•	_
Student Real Signature		Your site supervisor	
Student's Signature	Date Site	Supervisor's Signature Date	
If Applicable			
п Аррисавіе			

Group Supervisor's Signature

Date

Individual Supervisor's Signature

Date