

NAME: \_\_\_\_\_

MONTH OF: \_\_\_\_\_

**SCHOOL COUNSELING INTERNSHIP**  
**Monthly Time Log**

CATEGORIES	LARGE GROUP GUIDANCE *	INDIVIDUAL OR SMALL GROUP GUIDANCE *	CONSULTATION *	SMALL GROUP COUNSELING *	INDIVIDUAL COUNSELING *	COORDINATION	SUPERVISION (PLEASE CODE) I=INDIVIDUAL, ON SITE G=GROUP F=FACULTY	OTHER	TOTAL
EXAMPLES OF ACTIVITIES	Classroom activities, orientations, presentations	Individual assessment, individual advisement, placement, vocational/occupational exploration	staff/community development, committees/advisory boards, parent training, supervision	support groups, skill training groups	personal counseling, crisis counseling, referral	research, program management/operation, standardized testing program/data, needs assessment, evaluation, etc		counselor meetings, staff meetings, professional development, bus duty, lunch duty, hall duty, substitute teaching, figuring GPA's etc	
WEEK 1									
WEEK 2									
WEEK 3									
WEEK 4									
WEEK 5									

TOTAL									
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TOTAL HOURS: \_\_\_\_\_

\* DIRECT CONTACT HOURS: \_\_\_\_\_

SUPERVISION: \_\_\_\_ Hrs. of Group Superv. + \_\_\_\_ Hrs. of Ind. Superv. On Site + \_\_\_\_ Hrs. of Ind. Superv. With Faculty Supervisor = \_\_\_\_ Total Hrs.