# INTERNSHIP HOURS LOG

**Internship Site:**  
__________________________________________________________

**Student's Name:**  
__________________________________________________________

**Indirect Hours** include workshops, phone calls/emails, patient write ups/treatment plans, outreach and reading site materials.

**Direct Hours** include client contact (Individual, group, family, etc.). Also includes any shadowing work done with the site staff that involves providing services to a client.

**Supervision** includes 1 x 1 or group supervision on-site.

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**Month:**  
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<table>
<thead>
<tr>
<th>Date Worked</th>
<th>Day of the week</th>
<th>Indirect</th>
<th>Direct</th>
<th>Supervision</th>
<th>Total</th>
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**Supervisor's Signature:**  

__________________________________________________________

**Date:**  
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