

## Internship Summary Form

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

Name (print clearly): \_\_\_\_\_

Site: \_\_\_\_\_

**W e e k s**

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 **																											

**Total Direct Client Hours:** \_\_\_\_\_

Indirect 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
Counselling Prep/ Client Files																											
Report Writing																											
One-to-One Supervision																											
Group Supervision																											
Training/Inservice																											
Internship Seminar																											
Milieu																											

**Total Indirect Hours:** \_\_\_\_\_

\_\_\_\_\_  
Student Signature                      Date

\_\_\_\_\_  
Supervisor Signature                      Date

\_\_\_\_\_  
Assessment Supervisor                      Date  
(if applicable)

\* Includes phone contact (e.g. crisis call)

\*\* Includes both psycho-educational and therapeutic groups

Revised Date: November, 2009