



INTERN					DATE	
SUPERVISOR(S)					WEEK #	
INTERNSHIP SITE					INTERNSHIP #	
INTERNSHIP #	2	3	4	5	6	TOTAL
# CLIENT HOURS						
# SUP HOURS						

TYPE OF CLIENT CONTACT	CLIENT INITIALS	AGE	SEX	CLIENT PROBLEM	# HOURS THIS WEEK
THERAPY					
					TOTAL
GROUP THERAPY					
					TOTAL
PSYCHOMETRIC ASSESSMENT					
					TOTAL
TOTAL					

TYPE OF SUPERVISION PROVIDED	DETAILS	# HOURS THIS WEEK
INDIVIDUAL		
CASE OBSERVATION		
GROUP SUPERVISION		
CASE SEMINARS		
TOTAL		

SUPERVISOR COMMENTS	
INTERN COMMENTS	
INTERN SIGNATURE	I declare the hours recorded above are a true and accurate record: