



INTERNSHIP HOURS LOG
MARRIAGE, COUPLE, AND FAMILY COUNSELING/THERAPY

Graduate Student Intern _____ Course/Semester: _____

University Internship Supervisor: _____

| Week | Direct Service | | | | | Indirect Service (Paperwork, Workshops Watching Tapes, etc.) | Supervision | | | | Total | |
|------|----------------|----------|--------------|-----------------------------|-------|--|-------------|---------|-------|-------|-------|--|
| | 1+ Person | Systemic | Any approach | Other direct client contact | Total | | Individual | Triadic | Group | Total | | |
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| Total Hours | | | | | | | | | | | | |

Signatures: By signing this document you are indicating that the above information is true to your knowledge

Graduate Student Intern: _____ Date: _____

Site Supervisor: _____ Date: _____