

Name _____

**RECORD FOR ACTIVITIES OTHER THAN DIRECT SERVICE AND SUPERVISION*
For Macro Internship (SCED 516)**

*(e.g. reading, observation, meetings, outreach, orientation to site)

DIRECTIONS: Record all other activities on this form, the amount of time and the date of the activity. At the end of the semester, give a copy of this form to your L&C Supervisor for inclusion in your departmental file. You should also keep a copy of the signed log for your portfolio.

WEEK	DATE	ACTIVITY	TIME
Week 1			
Week 2			
Week 3			
Week 4			
Week 5			
Week 6			
Week 7			
Week 8			
Week 9			
Week 10			
Week 11			
Week 12			
Week 13			
Week 14			
Week 15			
Week 16			
TOTAL HOURS:			

INTERN'S SIGNATURE _____ **DATE** _____

SITE SUPERVISOR'S SIGNATURE _____ **DATE** _____

TOTAL "OTHER ACTIVITIES" HOURS _____ *(Time rounded to the nearest half hour)*