

Name _____

**WEEKLY RECORD OF DIRECT SERVICE HOURS
For Macro Internship (SCED 516)**

DIRECTIONS: Record the amount of time you spent observing and/or working directly each week with students, parents, and teachers. 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	Dates	Individual Students	Student Groups	Classroom Guidance	Parents	Parent Groups	Staff
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 CLIENT CONTACT HOURS _____ (time rounded to the nearest half-hour)

