

## Lewis and Clark Counseling Psychology Department Spring Semester Summary Report of Internship Hours\*

*Student Name:* \_\_\_\_\_ *Phone:* \_\_\_\_\_ *E-mail:* \_\_\_\_\_

*Internship Site:* \_\_\_\_\_

*Site Supervisor:* \_\_\_\_\_

*Faculty Internship Supervisor:* \_\_\_\_\_

DIRECT SERVICE SUMMARY	HOURS
Individual Counseling	
Group Counseling	
Family/Couples	
Intake/Assessment	
Crisis Intervention/Phone Hours	
<b>TOTAL</b>	

SUPERVISION SUMMARY	HOURS
Site Supervision (Individual)	
Campus Supervision	
<b>TOTAL</b>	

OTHER ACTIVITIES SUMMARY	HOURS
Workshops, readings, onsite group supervision	
Client notes, recordkeeping, other activities	
<b>TOTAL</b>	

HOURS	
<b>INTERNSHIP GRAND TOTAL</b>	

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

Site Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Internship Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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\* On this sheet, total the number of hours you have recorded on the Counseling Psychology Internship record of Daily/Weekly Activities during the Spring Semester. Please round to the nearest .5 hour and keep a copy for your own professional records.