

Name: \_\_\_\_\_

## Doctoral Internship Hours

Type of Activity	Date	Hours
Direct Counseling Contact (Individual)		
Indirect Counseling (Individual)		
Direct Counseling Contact (Couples)		
Indirect Counseling (Couples)		
Direct Counseling Contact (Family)		
Indirect Counseling (Family)		
Direct Counseling Contact (Group)		
Indirect Counseling (Group)		
Direct Teaching Contact		
Indirect Teaching		
Direct Supervision Contact (Individual)		
Indirect Supervision (Individual)		
Direct Supervision Contact (Group)		
Indirect Supervision (Group)		
Individual Supervision (as supervisee)		
Group Supervision (as supervisee)		
Other (please specify)		

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Supervisor \_\_\_\_\_

Date \_\_\_\_\_