

UNIVERSITY OF OREGON SCHOOL PSYCHOLOGY PROGRAM Log for Internship Hours

Student:

Field Supervisor:

Internship Site:

Academic Year:

Quarter and Year of Current Evaluation Period:

Directions: Complete this form at the end of each quarter (based on the UO academic calendar), and submit it with your internship professional behavior evaluation form by the specified due date. Record your internship activities in clock hour units using the general categories on this form. You should also keep (for your own records) a separate detailed log of your internship hours that is updated on a weekly basis and is designed to reflect your specific internship activities. Use the *summer* record columns only if your internship goes beyond a traditional 10 month academic year of mid-August through mid-June.

ACTIVITY	SUMMER	FALL	WINTER	SPRING	SUMMER
Screening and assessment, individual					
Screening and assessment, group					
Direct intervention, individual					
Direct intervention, group					
Systems-level assessment and intervention					
Consultation: parents, teachers, other professionals					
Attend team meetings and staffings					
Collaborate with community agencies					
Provide in-service training					
Preparation time, file reviews, report writing, etc.					
Professional development activities					
Research and program evaluation					
Supervision					
Other (specify):					
Other (specify):					
Other (specify):					
TOTAL CLOCK HOURS					

Cumulative Clock Hours to date for internship year: _____

intern's signature

date

field supervisor's signature

date