

Clinical Experience Log-Revised 2012

Name: _____ Semester: _____ Circle: Practicum Internship I Internship II

Faculty Supervisor: _____ Field Site: _____ Site Supervisor: _____

Week	Weekly Direct Contact Hours by Type										Ttl DC Hours	Supv Hours		Ttl Supv Hours	Other Indirect Hours				Ttl ID Hours	Week	SUPV Initial	
	Date	Ind	PT	GRP	Cpl	PC	TC	Adol	Child	Fmy	Other	Total	I.S.	Grou	Total	Cslt	Adm	Train	Obs	Total		Total
1		1		2								3	2	1.5	3.5			1		4.5	7.5	
2												0									0	
3												0									0	
4												0									0	
5												0									0	
6												0									0	
7												0									0	
8												0									0	
9												0									0	
10												0									0	
11												0									0	
12												0									0	
13												0									0	
14												0									0	
15												0									0	
16												0									0	
Sem total		1	0	2	0	0	0	0	0	0		3	2	1.5	3.5	0	0	1	0	4.5	7.5	

Faculty Supervisor's Signature/Date _____

Site Supervisor's Signature/Date _____