**Doctoral Clinical Course Weekly Log**

 **(ECD 843, 847, 850, 886)**

**Course Name and Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Doctoral Student Intern Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Internship Site/Experience\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Week Beginning/ Ending Dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Date** | **Activities** | **Hours** |
|  |  |  |
| **Total Number hours for the week** |  |

Individual Supervision Hours at Site week:\_\_\_\_\_\_\_\_\_\_\_ Cumulative:\_\_\_\_\_\_\_\_\_\_\_

Individual Supervision Hours at University week:\_\_\_\_\_\_ Cumulative:\_\_\_\_\_\_\_\_\_\_\_

Group Supervision Hours at Site week:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cumulative:\_\_\_\_\_\_\_\_\_\_\_

Group Supervision Hours at University week\_\_\_\_\_\_\_\_\_ Cumulative:\_\_\_\_\_\_\_\_\_\_\_

Direct Counseling Hours (if applicable)week\_\_\_\_\_\_ Cumulative:\_\_\_\_\_\_\_\_\_\_\_

Practicum or Internship hours Cumulative:\_\_\_\_\_\_\_\_\_\_\_

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

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

University Supervisor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_