



INTERNSHIP HOURS LOG
MARRIAGE, COUPLE, AND FAMILY COUNSELING/THERAPY

Graduate Student Intern _____ Course/Semester: _____

University Internship Supervisor: _____

Week	Direct Service					Indirect Service (Paperwork, Workshops Watching Tapes, etc.)	Supervision				Total	
	1+ Person	Systemic	Any approach	Other direct client contact	Total		Individual	Triadic	Group	Total		

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Total Hours												

Signatures: By signing this document you are indicating that the above information is true to your knowledge

Graduate Student Intern: _____ Date: _____

Site Supervisor: _____ Date: _____