

**FORM #4**

**INTERNSHIP SUMMARY FORM**

**CLIENT CONTACT, SUPERVISION, TRAINING/INSERVICE, AND OTHER  
ACTIVITIES HOURS**

|   |
|---|
| Intern: _____ Semester/Year: _____                    |
| Intern Phone Number: _____ Site: _____                |
| Site Phone Number: _____ Starting/Ending Dates: _____ |
| On-Site Supervisor: _____                             |
| Campus Supervisor: _____                              |

Directions: Each semester, total the number of hours you have recorded for Form #1, #2, #3 in the appropriate columns provided. Please round to the nearest half hour.

**Form #1 Summary**

| Client Contact | Face to Face | Telephone |
|----------------|--------------|-----------|
| Individual     |              |           |
| Couples        |              |           |
| Family         |              |           |
| Group          |              |           |
| <b>Total</b>   |              |           |

**Form #2a Summary**

| Supervision Hours | Hours |
|-------------------|-------|
| One-on-one        |       |
| In a group        |       |
| By telephone      |       |
| On-line           |       |
| <b>Total</b>      |       |

**Form #2b Summary**

| Training/Inservice | Hours |
|--------------------|-------|
| <b>Total</b>       |       |

**Form #3 Summary**

| Other Activities | Hours |
|------------------|-------|
| <b>Total</b>     |       |

|                       | HOURS* |
|-----------------------|--------|
| TOTAL CLIENT TIME     |        |
| TOTAL INTERNSHIP TIME |        |

\*Please round to the nearest half hour

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

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