

FORM 3 - Activities Form for Activities Other Than Client Contact, Supervision, Consultation and Training
RECORD OF WEEKLY SITE HOURS

Week	Date	Activity	Hours	Total
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
Total				

Total Hours on Form III _____ Term/Year _____ Name of Internship Site _____

Intern's Name _____ Signature _____ Date _____

Site Supervisor _____ Signature _____ Date _____