

## ACTIVITIES OTHER THAN CLIENT CONTACT & SUPERVISION

TERM/YEAR \_\_\_\_\_ NAME OF INTERNSHIP SITE \_\_\_\_\_

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

Form 1  
Client Contact Total Hours =

\_\_\_\_\_

Form 1  
Supervision Total Hours =

\_\_\_\_\_

Form 2  
Other Total Hours =

\_\_\_\_\_

**GRAND TOTAL =**

\_\_\_\_\_

Intern's Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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