

Internship Site Log for Certification and Accreditation
 Department of Counseling and Student Development
 Eastern Illinois University



Supervisee Name _____

Internship Site _____ Semester _____

Week Dates	Completed Hours of Direct Service	Completed Hours of Indirect Service	Site Supervisor's Signature
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			

Total Direct Service Hours	Total Indirect Service Hours	Hours Carried Forward from 1 st internship (must be at the same site)	Semester Total Direct and Indirect Service Hours	Total Group Hours (minimum 10 hours)

Internship Presentation (List title of presentation, location of presentation, audience participating in APA style)

EIU Faculty Supervisor's Signature _____