**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. |  |  |  |

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| --- | --- | --- | --- | --- |
| **Total Direct Service Hours** | **Total Indirect Service Hours** | **Hours Carried Forward from 1st internship (must be at the same site)** | **Semester Total Direct and Indirect Service Hours** | **Total Group Hours**  **(minimum 10 hours)** |
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| **Internship Presentation (List title of presentation, location of presentation, audience participating in APA style)** |
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EIU Faculty Supervisor’s Signature