

**CSUB SCHOOL OF EDUCATION  
COUNSELING PROGRAM  
Internship Counseling**

Name: \_\_\_\_\_ Term: \_\_\_\_\_ Date: \_\_\_\_\_

Name of School/Faculty: \_\_\_\_\_

Supervisor: \_\_\_\_\_

**TIME/ACTIVITIES RECORD**

Report Number: \_\_\_\_\_

**TIME REPORT:**

Accumulative Hours Forward \_\_\_\_\_

Field Work Hours Total \_\_\_\_\_

Elem: \_\_\_\_\_ Jr/Mid \_\_\_\_\_ HS: \_\_\_\_\_

College: \_\_\_\_\_ Agency: \_\_\_\_\_ MFT \_\_\_\_\_ Other \_\_\_\_\_

Seminar Hours: \_\_\_\_\_

TOTAL HOURS TO DATE: \_\_\_\_\_

WEEKLY ACTIVITIES	SUPERVISOR'S COMMENTS/SIGNATURE