MISSISSIPPI STATE UNIVERSITY
Rehabilitation Counseling Internship Log

Name: ________________________________  Site Supervisor: ________________________________

Site: ________________________________  University Supervisor: ________________________________

<table>
<thead>
<tr>
<th>Week Dates</th>
<th>*(2) Hours per Week Direct Service</th>
<th>*(3) Hours per week--Individual Supervision (Class)</th>
<th>**(6) Hours per week-Group Supervision (Class)</th>
<th>(7) TOTAL WEEK S HOURS (columns 2-5)</th>
<th>(8) Supervisor Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Individual Counseling</td>
<td>Group Counseling</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL***

TOTAL ALL COLUMNS BEFORE SUBMISSION.

* Students must accumulate a minimum of **240 hours of direct service work** with clients appropriate to the program of study (Columns 1-2). **Group Supervision/time in class (Column 6) is not included in the total hours. *** Total Hours for Internship Experience must be a minimum of **600.**

Revised: 10/05