### MISSISSIPPI STATE UNIVERSITY
School Counseling Internship Log
(Fall:_________, Spring:_________)

**Name:** __________________________  **Site Supervisor:** __________________________

**Site:** __________________________  **University Supervisor:** __________________________

<table>
<thead>
<tr>
<th>Week Dates</th>
<th><em>(2)</em> Hours per Week Direct Student Contact</th>
<th><em>(3)</em> Hours per Week Other Duties</th>
<th><em>(4)</em> Hours per Week Individual Supervision</th>
<th><em>(5)</em> TOTAL WEEK'S HOURS (columns 2-5)</th>
<th><em>(7)</em> Hours per week-Group Supervision (Class)</th>
<th>(<em>8</em>) Supervisor Initials</th>
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</thead>
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</tbody>
</table>

**TOTAL***

**TOTAL ALL COLUMNS BEFORE SUBMISSION.**

*Total Hours of Columns 2 and 3 must be a minimum of 240, 60 of which must be group work.

**Group Supervision/time in class (Column 7) is not included in the total hours.

*** Total Hours for Internship must be a minimum of 600.

Revised Jan. 2001