School Psychology Training Program Intern Activities Log

Intern: _______________________________  Field Supervisor: _______________________________
District: _______________________________  University Supervisor: __________________________

Internship Hours

In the table below please list the number of hours you spent in your Internship assignment during a given day.

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<th>Month</th>
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Total Hours This Month =__________

School Settings Experienced This Month

Indicate hours spent in each setting.

Preschool  Elementary School  High School  Private School  Middle School/Junior High  Special Center

Supervision Experienced This Month

Indicate hours spent in supervision.

_____ Hrs.

Activities Experienced This Month

Check all that apply.

Assessment Experiences

Learning Disabled  Emotional Disturbed  Severely Handicapped  Alternative  Section 504  Bilingual/LEP  Preschool/Infant  Manifestation Determination  Autism  Low Incidence  Behavioral  Other (list) ________________________________

Consultation Experiences

Behavioral  Learning Skills  Social Skills  Parent  Teacher  Administrator  SST member/observer  IEP member/observer  Other (list) ________________________________

Observation Experiences

Resource Specialist Program  Special Day Class  Low Incidence Programs  General Education  Autism Programs  Infant/Preschool Programs  Colleague/Supervisor  Student  Special Education Placement Discussions  Other (list) ________________________________

Counseling Experiences

Individual  Group  Other (list) ________________________________

Participant

Staff Meetings (school/department)  Other (list) ________________________________

Other notable activities not listed above: ________________________________

Specifically indicate work with ethnically diverse populations: ________________________________

Specifically indicate experiences within which knowledge of special education laws and regulations were incorporated into plans for meeting student needs: ________________________________

School Psychology Fieldworker _______________________________  Field Supervisor _______________________________  Date _______________________________