



## School Psychology Program Fieldwork Activities Log

Fieldworker: \_\_\_\_\_ Field Supervisor: \_\_\_\_\_  
 District: \_\_\_\_\_ University Supervisor: \_\_\_\_\_

### Fieldwork Hours

*In the table below please list the number of hours you spent in your fieldwork assignment during a given day. Place hours in the appropriate column to indicate field placement setting or settings (ps= preschool, el = elementary school, ms = middle school, hs = high school).*

Month	Monday				Tuesday				Wednesday				Thursday				Friday			
	ps	el	ms	hs	ps	el	ms	hs	ps	el	ms	hs	ps	el	ms	hs	ps	el	ms	hs
Week of _____ to _____																				
Week of _____ to _____																				
Week of _____ to _____																				
Week of _____ to _____																				
Week of _____ to _____																				
<b>Totals for this reporting period:</b>	preschool				elementary				middle school				high school				Total Hours			

**Note: list separately, in the box below hours obtain in a special center or private school setting**

### Activities Experienced This Month

**Indicate Hours Spent in Each Area**

#### Assessment Experiences

- \_\_\_\_\_ Learning Disabled
- \_\_\_\_\_ Emotional Disturbed
- \_\_\_\_\_ Severely Handicapped
- \_\_\_\_\_ Alternative
- \_\_\_\_\_ Section 504
- \_\_\_\_\_ Bilingual/LEP
- \_\_\_\_\_ Preschool/Infant
- \_\_\_\_\_ Manifestation Determination
- \_\_\_\_\_ Autism
- \_\_\_\_\_ Low Incidence
- \_\_\_\_\_ TBI
- \_\_\_\_\_ Intellectual Disability
- \_\_\_\_\_ Behavioral
- \_\_\_\_\_ Other (list) \_\_\_\_\_

#### Consultation Experiences

- \_\_\_\_\_ Mental Health
- \_\_\_\_\_ Behavioral
- \_\_\_\_\_ Learning Skills
- \_\_\_\_\_ Social Skills
- \_\_\_\_\_ Parent
- \_\_\_\_\_ Teacher
- \_\_\_\_\_ Administrator
- \_\_\_\_\_ Other (list) \_\_\_\_\_

#### Counseling Experiences

- \_\_\_\_\_ Individual
- \_\_\_\_\_ Group
- \_\_\_\_\_ Other (list) \_\_\_\_\_

#### Participant

- \_\_\_\_\_ Staff Meetings (school/department)
- \_\_\_\_\_ Other (list) \_\_\_\_\_

#### SST/IEP Experiences

- \_\_\_\_\_ 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 (e.g., for developing interventions)
- \_\_\_\_\_ Special Education Placement Discussions
- \_\_\_\_\_ Other (list) \_\_\_\_\_

1. Other notable activities not listed above (use back of page if necessary and list **hours**):
2. Specifically indicate work with ethnically diverse populations (use back of page if necessary and list **hours**):
3. Specifically indicate experiences within which knowledge of special education laws and regulations were incorporated into plans for meeting student needs (use back of page if necessary and list **hours**):

Signatures below indicate that this activity log is accurate.

\_\_\_\_\_  
 School Psychology Fieldworker

\_\_\_\_\_  
 Field Supervisor, Title