School Psychology Program Internship Activities Log

Intern: ___________________________  Field Supervisor: ___________________________
District: ___________________________  University Supervisor: ___________________________

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

<table>
<thead>
<tr>
<th>Month</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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</thead>
<tbody>
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<td></td>
<td>ps</td>
<td>cl</td>
<td>ms</td>
<td>hs</td>
<td>ps</td>
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<tr>
<td>Week of</td>
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<td>Week of</td>
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</table>

Totals for this reporting period:

<table>
<thead>
<tr>
<th>preschool</th>
<th>elementary</th>
<th>middle school</th>
<th>high school</th>
<th>Total Hours</th>
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</thead>
</table>

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

Supervision with Field-based Supervisor: Month __________, Total Supervision Hours __________

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: __________________________

Signatures below indicate that this activity log is accurate and that the mandated supervision requirement of, on average, 2 hours per week has been met.