



California State University, Sacramento
College of Education • Graduate and Professional Studies • School Psychology Program
 6000 J Street • Eureka Hall 401 • Sacramento, CA 95819-6079
 (916) 278-5942 • (916) 278-5993 FAX • http://edweb.csus.edu

School Psychology Program Internship Activities Log

Intern: _____
 District: _____

Field Supervisor: _____
 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).

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 _____																				
Totals for this reporting period:	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

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) _____

Counseling Experiences

- _____ Individual
- _____ Group
- _____ Other (list) _____

Participant

- _____ Staff Meetings (school/department)
- _____ 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) _____

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.**

School Psychology Intern

Date

Field-based Supervisor

Date