

## Internship in Rehabilitation Counseling Time Log

Name: \_\_\_\_\_ Semester: \_\_\_\_\_

Site: \_\_\_\_\_

Week	Activities	Hours
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
Total Hours		

\_\_\_\_\_  
Intern's signature/date

\_\_\_\_\_  
Supervisor's signature/date