



**INTERNSHIP HOURS LOG**  
**MARRIAGE, COUPLE, AND FAMILY COUNSELING/THERAPY**

Graduate Student Intern \_\_\_\_\_ Course/Semester: \_\_\_\_\_

University Internship Supervisor: \_\_\_\_\_

Week	Direct Service					Indirect Service (Paperwork, Workshops Watching Tapes, etc.)	Supervision				Total	
	1+ Person	Systemic	Any approach	Other direct client contact	Total		Individual	Triadic	Group	Total		

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Total Hours												

Signatures: By signing this document you are indicating that the above information is true to your knowledge

Graduate Student Intern: \_\_\_\_\_ Date: \_\_\_\_\_

Site Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_