INTERNSHIP HOURS SUMMARY FORM
Portland State University
School Counseling Specialization

❑ **School Counseling: Early Childhood/Elementary**

Intern _____ Term/Year _____

Intern Phone Number_____ Credit Hours Registered_____

Site_____ Starting Date_____

Site Supervisor _____Ending Date_____

Site Principal _____Site Phone #_____

Direct Hours _____

Individual Supervision Hours_____

Group Supervision: _____

Other: _____

TOTAL HOURS: _____

Student Signature:_____ Date _____

Site Supervisor Signature:_____ Date _____

❑ **School Counseling: Middle/High School**

Site_____ Credit Hours Registered_____

Term/Year_____Starting Date_____

Site Supervisor _____Ending Date_____

Site Principal _____Site Phone # _____

Direct Hours _____

Individual Supervision Hours _____

Group Supervision: _____

Other: _____

TOTAL HOURS: _____

Student Signature:_____ Date _____

Site Supervisor Signature:_____ Date _____