

SYRACUSE UNIVERSITY
Counseling and Human Services
COUNSELOR EDUCATION AND SUPERVISION
DOCTORAL INTERNSHIP – TEACHING ACTIVITY LOG

NAME:

SEMESTER:

<u>Activity</u>	<u>Month:</u>	<u>Month:</u>	<u>Month:</u>	<u>Month:</u>	<u>Month:</u>	<u>TOTAL</u>	
Teaching							
TOTAL DIRECT SERVICE							
Preparation							
Evaluating students work							
Professional development							
Preparation							
TOTAL INDIRECT SERVICE							
Individual / triadic supervision							
Group supervision							
TOTAL SUPERVISION							
TOTAL NUMBER OF HOURS							

Comments:

Signature(s) of supervisor(s): _____

Date: _____
 Date: _____