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 ______________________