Student Support Services Department
Intern Practicum Hours Log

Name: _____ Primary School Site _____

Secondary School Site _____

Please complete the following hours log and submit it to your field instructor monthly.

Date	Hours	Primary Site	Hours	Secondary Site

Total Monthly Hours **Total hours Year-to-Date**

Primary Site_____ Primary Site_____

Secondary Site _____ Secondary Site _____

Signature of Student _____ Date _____

Signature of Field Instructor _____ Date _____