



Department of Educational and Counselling Psychology
Undergraduate Student Field Work Experience

TAYLOR ADOLESCENT PROGRAM - INTERNSHIP LOG

Student Name: _____ Student #: _____ Course #: _____

Site Name: _____ Site Supervisor Name: _____

DATE	Number of Hours	Description of Tasks	Total hours to date	Site Supervisor Initials	McGill Supervisor Initials

DATE	Number of Hours	Description of Tasks	Total hours to date	Site Supervisor Initials	McGill Supervisor Initials