

Department of Educational and Counselling Psychology Undergraduate Student Field Work Experience

TAYLOR ADOLESCENT PROGRAM - INTERNSHIP LOG									
Student Name:		Student #: Course	e #:						
Site Name:		Site Supervisor Name:							
DATE	Number of Hours	Description of Tasks	Total hours to date	Site Supervisor Initials	McGill Supervisor Initials				

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