

**INTERNSHIP HOURS SUMMARY FORM G**  
**Portland State University**  
**School Counseling Specialization**

**School Counseling: Early Childhood/Elementary**

Intern Brandeis Zaklan Term/Year Fall 2012  
 Intern Phone Number 541 497 3202 Credit Hours Registered 9  
 Site Maple Elementary Starting Date 27 Sep 12  
 Site Supervisor Kristine Campbell Ending Date 18 Dec 12  
 Site Principal Sheila Munney Site Phone # 541 744 6395

Direct Hours 52  
 Individual Supervision Hours 13  
 Group Supervision: 0  
 Other: 19.5 indirect  
**TOTAL HOURS:** 84.5

Student Signature: [Signature] Date 18 Dec 12  
 Site Supervisor Signature: Kristine A. Campbell Date Dec. 18 2012

**School Counseling: Middle/High School**

Site Hamlen Middle Credit Hours Registered 9  
 Term/Year Fall 2012 Starting Date 24 Sep 12  
 Site Supervisor Jennifer Mays Ending Date 20 Dec 12  
 Site Principal Dennis Gray Site Phone # 20 Dec 12

Direct Hours 100  
 Individual Supervision Hours 20  
 Group Supervision: 0  
 Other: 39 + 20 = 59 *mentation prep. count?*  
**TOTAL HOURS:** 159 179

Student Signature: [Signature] Date 20 Dec 12  
 Site Supervisor Signature: [Signature] Date 20 Dec 12

School Intern Checklist

Name Brandey Tablan Date 10CT12  
Term Fall (Copy this form to summarize each term's activities)

This checklist will guide you toward documenting your supervision, time, and Professional Practice Portfolio requirements:

I. Initial Counselor Education Practicum Report each quarter:

Fall  Winter \_\_\_\_\_ Spring \_\_\_\_\_ Complete \_\_\_\_\_

II. Time Log (600 hours total **Total** \_\_\_\_\_  
(400 at one level and 200 at the other)

A. Early Childhood/Elementary \_\_\_\_\_ (Verification form required when complete)

B. Middle/High \_\_\_\_\_ (Verification form required when complete)

C. Direct Service (240 hours minimum) **Total** \_\_\_\_\_

a. Individual

b. Group

c. Developmental guidance

d. Consultation and Collaboration (is direct service when child and/or parent is present for meeting).

B. Supervision **Total** \_\_\_\_\_

a. Field Supervisor (one hour per week minimum)

b. University Supervisor (include supervision occurring at clinic)

III. Professional Practice Portfolio

A. Action Research COUN 589

B. Action research or projects (s) Title \_\_\_\_\_

C. Peer Reviewers \_\_\_\_\_

D. Disk Submission Form and Disk **Complete** \_\_\_\_\_

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