**DCPS SCHOOL PSYCHOLOGY INTERNSHIP MONTHLY ACTIVITY LOG**

**Intern: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Training Site:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Semester/Year:\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **A. RTI ACTIVITY**  | **Month:** | **Month:** | **Month:** | **Month:** | **Month:** | **Semester Total:** |
| Meeting |  |  |  |  |  |  |
| Teacher Consultation |  |  |  |  |  |  |
| Classroom Observation |  |  |  |  |  |  |
| Group Counseling |  |  |  |  |  |  |
| Individual Counseling |  |  |  |  |  |  |
| Staff Training |  |  |  |  |  |  |
| Other RTI activity:(Provide description) |  |  |  |  |  |  | **Total RTI Activity** **(A): \_\_\_\_\_** |
| **B. SPED ACTIVITY**  |  |  |  |  |  |  |
| Parent/Teacher Interview |  |  |  |  |  |  |
| Student Observation |  |  |  |  |  |  |
| Psychological Testing |  |  |  |  |  |  |
| Report Writing |  |  |  |  |  |  |
| Eligibility Meeting |  |  |  |  |  |  |
| IEP Meeting |  |  |  |  |  |  |
| SEDS Documentation |  |  |  |  |  |  | **Total SPED Activity** **(B): \_\_\_\_\_** |
| **C. INDIRECT STUDENT CONTACT**  |  |  |  |  |  |  |
| Observation of Individual Counseling Session |  |  |  |  |  |  |
| Observation of Group Counseling |  |  |  |  |  |  |
| Clinical Consultation |  |  |  |  |  |  |
| Other Indirect Student Contact: (Provide description) |  |  |  |  |  |  | **Total Indirect Student Contact** **(C):\_\_\_\_\_\_** |
| **D. SUPPORT HOURS** |  |  |  |  |  |  |
| Training |  |  |  |  |  |  |
| Case Conference and Other Professional Meetings |  |  |  |  |  |  |
| Paperwork |  |  |  |  |  |  |
| Professional Consultation |  |  |  |  |  |  |
| Test Scoring |  |  |  |  |  |  |
| Report Writing |  |  |  |  |  |  |
| \*Other Support Activity (Provide Description):  |  |  |  |  |  |  | **Total Support** **(E):\_\_\_\_\_\_** |
| **SUPERVISOR MONTHLY INITIALS/DATE** |  |  |  |  |  |  |  |

**Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Site:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Semester/Year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Total Semester Client Contact Hours (A+B+C):\_\_\_\_\_\_\_\_\_\_\_\_** | **Total Semester Hours** **(A + B+ C+D+E):\_\_\_\_\_\_\_\_\_** |

**By signing below I acknowledge that the information on the attached Externship Hours Log is true and correct to the
best of my knowledge.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Student Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Supervisor/Director Date**