

USU Professional School Guidance Counselor Education Program
SEMESTER INTERNSHIP LOG COVER PAGE

INTERNSHIP INFORMATION	
Student Name	A#
E-mail	Phone
Have you been a full-time, licensed, K-12 teacher for at least 3 years? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please contact the School Counselor Education Office at camille.odell@usu.edu	

INTERNSHIP SITE 1:	
School:	District:
Date: _____ to _____	Semester/year:
School Supervisor:	Total hours:
PLEASE INDICATE THAT THE FOLLOWING ADDITIONAL REQUIRED DOCUMENTS FOR THIS SITE HAVE BEEN SUBMITTED:	
<input type="checkbox"/> CONTRACT SUBMITTED VIA CANVAS	
<input type="checkbox"/> SUPERVISOR EVALUATION SUBMITTED VIA CANVAS	

INTERNSHIP SITE 2:	
School:	District:
Date: _____ to _____	Semester/year:
School Supervisor:	Total hours:
PLEASE INDICATE THAT THE FOLLOWING ADDITIONAL REQUIRED DOCUMENTS FOR THIS SITE HAVE BEEN SUBMITTED:	
<input type="checkbox"/> CONTRACT SUBMITTED VIA CANVAS	
<input type="checkbox"/> SUPERVISOR EVALUATION SUBMITTED VIA CANVAS	

GRAND TOTAL OF HOURS (REQUIRED):
PLEASE ENTER TOTAL HOURS HERE _____
NOTE: IF HOURS ARE NOT TOTALED, THIS FORM WILL BE RETURNED
PLEASE SUBMIT THIS COVER PAGE, YOUR LOG, AND THE SUPERVISOR EVALUATION VIA CANVAS