UTSA

Community Family Life Center

Student Activity Log

STUDENT ACTIVITY LOG									
STUDENT INFORMATION									
Student Name:									
Banner ID:									
Period: From _____ to _____									
PRACTICUM/INTERNSHIP SITE INFORMATION									
Agency/Organization Name:									
City:			County:			State:			
Zip:			Phone:			Fax:			
Website:									
Specialization:									
Site Supervisor Name:									
GENERAL ACTIVITY LOG									
Dates	Weekly Activity Hours			Supervision Hours			Total Weekly Hours	Validation	
	Individual Counseling	Group Counseling	Professional Activities	Site	University	Group		Student / trainee Initials	Site Supervisor's Initials
Column totals									
ACTIVITY SUMMARY									
Total Direct Hours:		Total Indirect Hours:		Supervision Hours:		Total Hours:			
SIGNATURES									
Student Signature		Printed Name				Date			
Site Supervisor Signature		Printed Name				Date			