

**FITCHBURG STATE UNIVERSITY  
GRADUATE PROGRAMS IN COUNSELING**

**INTERNSHIP DOCUMENTATION**

**COUNSELING CONCENTRATION: MHC**

**Student Intern:** \_\_\_\_\_ **ID#:** \_\_\_\_\_

**Pre-Graduate** \_\_\_\_\_ **Or Post-Graduate** \_\_\_\_\_

**Internship Site:** \_\_\_\_\_

**Internship Supervisor:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **License:** \_\_\_\_\_ **Field Lic. #:** \_\_\_\_\_

**Beginning Date of Internship:** \_\_\_\_\_ **Ending Date of Internship:** \_\_\_\_\_

**Direct Service Contact Hours:** \_\_\_\_\_

**Hours of Individual Supervision:** \_\_\_\_\_

**Hours of Group Supervision:** \_\_\_\_\_

**Total Hours of Internship Placement:** \_\_\_\_\_

*Description of Intern Regulations for MHC*

The Internship undertaken by this student enabled her/him to refine and enhance basic counseling skills, develop more advanced counseling skills, and integrate professional knowledge and skills appropriate to the student’s initial placement in the field of counseling. The Intern was afforded the opportunity to perform activities that regularly employed staff at the site was expected to perform.

\_\_\_\_\_  
**Internship Supervisor**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Student Intern**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Supervising Professor**

\_\_\_\_\_  
**Date**

**Attached:**

- \_\_\_\_\_ **Internship Log**
- \_\_\_\_\_ **Internship Contract**
- \_\_\_\_\_ **Written Evaluations of Performance (Post-Grad Only)**
- \_\_\_\_\_ **Written Evaluation of Site by Student (Post-Grad Only)**

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**INTERNSHIP LOG**

| WEEKS/DATES | HOURS AT<br>PLACEMENT<br>SITE | DIRECT<br>SERVICE<br>CONTACT<br>HOURS | INDIVIDUAL<br>SUPERVISION<br>CONTACT<br>HOURS | GROUP<br>SUPERVISION<br>CONTACT<br>HOURS |
|-------------|-------------------------------|---------------------------------------|---|--|
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\_\_\_\_\_  
Internship Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Intern

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervising Professor

\_\_\_\_\_  
Date

**PHOTOCOPY AS NECESSARY**