



NITE INTERNSHIP HOURS LOG

Name: _____ Date: _____

Number of Internship Hours: _____

Information about the person with who you interned:

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Email: _____

Please list any observations that you made during your internship hours. These can include the nature of the session(s), what therapies were performed, etc.

Comments/reflections on above observations:

Student Signature

Date

Signature Of Person With Whom You Interned

Date