**SAINT VINCENT COLLEGE SCHOOL COUNSELING PROGRAM**

**FIELDWORK LOG**

Counselor Trainee:

Week Ending:

**(You can log more than one day and up to one week on the fieldwork log sheet)**

On-Site Supervisor:

Agency/School Name:

Amount of Time

Date Direct Indirect Supervision Description of Activities

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|  | | Total for week:  Direct: \_\_\_\_\_\_\_\_\_\_\_ Indirect: \_\_\_\_\_\_\_\_ Total: \_\_\_\_\_\_\_\_  Total for semester to date:  Direct: \_\_\_\_\_\_\_\_\_\_\_ Indirect: \_\_\_\_\_\_\_\_ Total: \_\_\_\_\_\_\_\_  Total for ALL Fieldwork:  Direct: \_\_\_\_\_\_\_\_\_\_\_ Indirect: \_\_\_\_\_\_\_\_ Total: \_\_\_\_\_\_\_\_ | | |

On-Site Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

College Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ Date: \_\_\_\_\_\_\_\_\_