**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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |   |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | 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: \_\_\_\_\_\_\_\_\_