INTERNSHIP CLINICAL CONTACT HOURS AND RESIDENCY HOURS LOG

(Add more rows to table when necessary)

Student Intern’s Name Semester 20

Internship Site Internship Mentor

Instructions: Fill out this form **every day you are at your internship site**. When your internship is finished, have your internship mentor sign the log at the bottom. Your clinical hours can now be entered into your SLHS Program Clock Hours Tracking Spreadsheet, along with your other clinical training experiences.

Definition of Clock Hours: Clock Hours refers to direct contact with the client or the client family in assessment, management, and/or counseling.

Definition of Residency: The time you spend on site outside of direct clinical contact. These may include observations, lunch, recess, informal meetings among colleagues, mentorship meetings, among others. The SFSU SLHS Program requires interns to spend a minimum of 75 residency hours at their internship site. Residency time contributes significantly to an intern’s integration into a internship site’s culture and community. Over the semester, it is expected the weekly time spent in residency will decrease as the time spent in providing direct clinical services increase.

Clinical Clock Hours – please specify the following:

* At the top of each column, specify which of the Big Nine hours you have earned.
* Within each column, select diagnostic vs. therapy hours.
* In each row, specify if those hours were child or adult hours.
* Please add a second log for additional clinical clock hour categories.

Sites: Write down the addresses of each site of your internship (add more as needed).

Site Name:

Site Address:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Today’s Date | Clinical Clock Hours – specify which of Big Nine:  | Clinical Clock Hours – specify which of Big Nine:  | Clinical Clock Hours – specify which of Big Nine:  | Total Clinical Contact Hours | Total Residency Hours |
| Diagnostic | Therapy | Diagnostic | Therapy | Diagnostic | Therapy |
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| Grand Totals – Add hours in each column |  |  |  |  |  |  |  |  |

Supervisor/Clinic Instructor’s Signature Date

(Print Instructor’s Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor’s ASHA CCC # Instructor’s CA State License #

Site / Agency Name

Type of Clinical Setting\*