

TIME SHEET

EDUCATIONAL PSYCHOLOGY PRACTICUM/INTERNSHIP

TARLETON STATE UNIVERSITY

STUDENT: _____ SEMESTER: _____

FIELD PLACEMENT SITE: _____

- Legend:
- | | |
|--|---|
| <p><u>Direct Services</u></p> <ul style="list-style-type: none"> #1 – Individual #2 – Group #3 – Consultation #4 – Assessment/Evaluation #5 – Intervention & Training #6 – Observation/Data Collection #7 – Miscellaneous | <p><u>Indirect/Adjunctive Services</u></p> <ul style="list-style-type: none"> #8 – Planning, Preparation, & Report Writing #9 – Supervision #10 – Case Conference & Referral #11 – Recordkeeping & Documentation #12 – Orientation & Professional Development #13 – Miscellaneous |
|--|---|

| Date | Day | #1 | #2 | #3 | #4 | #5 | #6 | #7 | #8 | #9 | #10 | #11 | #12 | #13 | Total |
|------|-------|----|----|----|----|----|----|----|----|----|-----|-----|-----|-----|-------|
| | Sun. | | | | | | | | | | | | | | |
| | Mon. | | | | | | | | | | | | | | |
| | Tues. | | | | | | | | | | | | | | |
| | Wed. | | | | | | | | | | | | | | |
| | Thur. | | | | | | | | | | | | | | |
| | Fri. | | | | | | | | | | | | | | |
| | Sat. | | | | | | | | | | | | | | |

Field Supervisor Signature: _____

| Date | Day | #1 | #2 | #3 | #4 | #5 | #6 | #7 | #8 | #9 | #10 | #11 | #12 | #13 | Total |
|------|-------|----|----|----|----|----|----|----|----|----|-----|-----|-----|-----|-------|
| | Sun. | | | | | | | | | | | | | | |
| | Mon. | | | | | | | | | | | | | | |
| | Tues. | | | | | | | | | | | | | | |
| | Wed. | | | | | | | | | | | | | | |
| | Thur. | | | | | | | | | | | | | | |
| | Fri. | | | | | | | | | | | | | | |
| | Sat. | | | | | | | | | | | | | | |

Field Supervisor Signature: _____

| Date | Day | #1 | #2 | #3 | #4 | #5 | #6 | #7 | #8 | #9 | #10 | #11 | #12 | #13 | Total |
|------|-------|----|----|----|----|----|----|----|----|----|-----|-----|-----|-----|-------|
| | Sun. | | | | | | | | | | | | | | |
| | Mon. | | | | | | | | | | | | | | |
| | Tues. | | | | | | | | | | | | | | |
| | Wed. | | | | | | | | | | | | | | |
| | Thur. | | | | | | | | | | | | | | |
| | Fri. | | | | | | | | | | | | | | |
| | Sat. | | | | | | | | | | | | | | |

Field Supervisor Signature: _____