Washburn University
Human Services Department
Internship Log of Hours: Family Services Students

Student: _____ Semester/Year: _____
Course #: _____ Agency: _____

Date	Time In	Time Out	Daily Hours	Cumulative Hours (running total)	Comments

Use additional pages as needed.

Total Hours Completed for Internship: _____

Student Signature: _____ Date: _____
Site Supervisor Signature: _____ Date: _____
Seminar Instructor Signature: _____ Date: _____