

2026-2027 Intern Name (add your name here and save)	Intervention	Assessment	Supervision Given	Supervision Received	Training Seminars	Admin (Staff meetings, paperwork)	Research	Holiday (hrs)	PTO (hrs)	Total
August										0
September										0
October										0
November										0
December										0
January										0
February										0
March										0
April										0
May										0
June										0
July										0
Total	0	0	0	0	0	0	0	0	0	0

Supervisor signature:

Date signed:

Submit as **pdf** to megan.mall@du.edu

* Turn in hours form at the end of October, January, April and July.