

# University of La Verne

## WEEKLY LOG OF FIELD EXPERIENCE HOURS – SCHOOL PSYCHOLOGY

School Psychology Trainee/Intern Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

**Check Appropriate Course:**

Practicum: Level I \_\_\_\_\_ Level II \_\_\_\_\_ Level III \_\_\_\_\_ Level IV \_\_\_\_\_ Fieldwork/Internship: Level I \_\_\_\_\_ Level II \_\_\_\_\_

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

School Site(s) Name & Level (P=Preschool E=Elementary School M=Middle School H=High School)

Date(s): From: \_\_\_\_\_ To: \_\_\_\_\_ Year: \_\_\_\_\_

| Domain of Practice  | M | T | W | Th | F | Total | Descript./Level |
|---|---|---|---|----|---|-------|-----------------|
| <b>I. Permeating Practices</b>  |   |   |   |    |   |       |                 |
| 1. Data-based Decision-Making and Accountability                                |   |   |   |    |   |       |                 |
| 2. Consultation and Collaboration   |   |   |   |    |   |       |                 |
| Assessment (e.g., 504, BIP)   |   |   |   |    |   |       |                 |
| Observation   |   |   |   |    |   |       |                 |
| Interview   |   |   |   |    |   |       |                 |
| Individual Assessment (e.g., psychoeducational evaluation, FBA)                 |   |   |   |    |   |       |                 |
| Report Writing  |   |   |   |    |   |       |                 |
| Case Preparation (e.g., cumulative review)                                      |   |   |   |    |   |       |                 |
| SST, IEP, other Team Meetings   |   |   |   |    |   |       |                 |
| Teacher Consultation  |   |   |   |    |   |       |                 |
| Parent Consultation   |   |   |   |    |   |       |                 |
| Other Collaboration   |   |   |   |    |   |       |                 |
| Other   |   |   |   |    |   |       |                 |
| <b>II. Direct &amp; Indirect Services for Children, Families, &amp; Schools</b> |   |   |   |    |   |       |                 |
| 3. Interventions and Instructional Support- to Develop Academic Skills          |   |   |   |    |   |       |                 |
| 4. Interventions and Mental Health Services to Develop Social and Life Skills   |   |   |   |    |   |       |                 |
| 5. School-Wide Practices to Promote Learning                                    |   |   |   |    |   |       |                 |
| 6. Preventive and Responsive Services   |   |   |   |    |   |       |                 |
| 7. Family-School Collaboration Services   |   |   |   |    |   |       |                 |
| Behavior Support Plans  |   |   |   |    |   |       |                 |
| Individual Counseling   |   |   |   |    |   |       |                 |
| Group Counseling  |   |   |   |    |   |       |                 |

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| Behavioral, Soc., Emotional                                |  |  |  |  |  |  |  |
| Intervention   |  |  |  |  |  |  |  |
| Prevention/Crisis Support                                  |  |  |  |  |  |  |  |
| Service Planning   |  |  |  |  |  |  |  |
| Research/Program Measurement                               |  |  |  |  |  |  |  |
| Other School-Wide, Community-Wide Support                  |  |  |  |  |  |  |  |
| <b>III. Professional Development/Service Delivery</b>      |  |  |  |  |  |  |  |
| <b>8. Diversity in Development &amp; Learning</b>          |  |  |  |  |  |  |  |
| <b>9. Research and Program Evaluation</b>                  |  |  |  |  |  |  |  |
| <b>10. Legal, Ethical and Professional Practice</b>        |  |  |  |  |  |  |  |
| Professional Development/Training or/Workshop (attendance) |  |  |  |  |  |  |  |
| Professional Development/Training (presenter/co-presenter) |  |  |  |  |  |  |  |
| Individual Intern Supervision                              |  |  |  |  |  |  |  |
| Group Intern Supervision                                   |  |  |  |  |  |  |  |
| Personal and Professional Growth and Development           |  |  |  |  |  |  |  |

Total hours recorded for this week: \_\_\_\_\_ Total hours recorded to date \_\_\_\_\_

Interns Only: Did you receive 2 hours of supervision this week:    yes    no    If not, explain

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature of Field Experience Trainee/Intern

\_\_\_\_\_  
 Date

I have verified that this school psychology trainee has completed the appropriate field experience hours, and the hours are summarized accurately on this form (or I have made the necessary changes).

\_\_\_\_\_  
 Signature of Site Supervisor

\_\_\_\_\_  
 Date

**Level Coding: P=Preschool E=Elementary School M=Middle School H=High School**

**University of La Verne**  
**School Psychology Program**  
**Summary** of Supervised Practica Hours

School Psychology Trainee \_\_\_\_\_ Circle One: Practicum A-I A-II B-III B-IV

(Use this form as a cover sheet for your Supervised Field Work Activity Logs. It does not replace the logs, but it shows at a glance how your hours have been distributed.)

| Domain of Practice  | Grade Level | Hours Completed |
|---|-------------|-----------------|
| 1. Data-based Decision-Making and Accountability                              |             |                 |
| 2. Consultation and Collaboration   |             |                 |
| 3. Interventions and Instructional Support to Develop Academic Skills         |             |                 |
| 4. Interventions and Mental Health Services to Develop Social and Life Skills |             |                 |
| 5. School-Wide Practices to Promote Learning                                  |             |                 |
| 6. Preventive and Responsive Services   |             |                 |
| 7. Family-School Collaboration Services                                       |             |                 |
| 8. Diversity in Development and Learning                                      |             |                 |
| 9. Research and Program Evaluation  |             |                 |
| 10. Legal, Ethical, and Professional Practice                                 |             |                 |
| 11. Personal and Professional Growth and Development                          |             |                 |

Total Hours \_\_\_\_\_

\_\_\_\_\_  
 Signature of School Psychology Trainee Date

I have verified that this school psychology trainee has completed the appropriate field experience hours, and the hours are summarized accurately on this form (or I have made the necessary changes).

\_\_\_\_\_  
 Signature of University Supervisor of Field Work/Internship Date