**PRE-PROFESSIONAL INTERNSHIP DAILY TIME SHEET**

***(AlboB - 500 hours)***

(Surname, Name, ID number of the Trainee)

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| **Clinical psychology** |
| **Social and work psychology** |
| **Developmental psychology** |
| **Experimental and general psychology** |

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| **COMPANY/ORGANIZATION** |  |
| **INTERNSHIP LOCATION**  |  |
| **PSYCHOLOGIST COMPANY TUTOR** |  |

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| **DATE** | **MORNING** | **AFTERNOON** | **DAILY HOURS** | In presence | Smart working | Transfer | **SUMMARY OF ACTIVITIES CARRIED OUT** |
| **Start time** | **End Time** | **Start time** | **End Time** |  |
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|  | *Hours worked**(per sheet)* |  |  |  |  |  |

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*Signature of the Intern*   *Signature of the Psychologist Company Tutor*

***The PSYCHOLOGIST TUTOR needs to fill in the following sections***

The registry certifies a total of …….hours, corresponding to the number of hours required by the Guidelines *YES* *NO*

If *NO*, please indicate the reasons and the achievement of internship’s objectives

***NOTES***

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*Signature of the Psychologist Company Tutor* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_