FIELD PRACTICUM TIME SHEETS

NOTE NUMBER OF HOURS WORKED IN RELATION TO THE PLACEMENT ONLY.

TO BE COMPLETED MONTHLY BY STUDENT AND SIGNED BY STUDENT AND FIELD SUPERVISOR.

FINAL HOURS FOR THE SEMESTER MAY BE ESTIMATED AND ENTERED WHEN COMPLETED, IF WORKBOOK MUST BE HANDED IN BEFORE HOURS ARE COMPLETE.

TOTAL HOURS FOR THE SEMESTER WILL BE SUBMITTED WITH THE WORKBOOK

by DECEMBER 16 AND MAY 3. *SUPERVISION HOURS ARE CONSIDERED PART OF PLACEMENT HOURS.*

FIELD PRACTICUM TIME SHEETS PAGE 1

MONTH _____ **YEAR** _____

DATE	TIMES	HOURS	DATE	TIMES	HOURS
e.g., Sept. 4	*1:00 - 5:00*	4			
	Column Total:			Column Total:	
				Total Hours:	

Signatures:_____

Student Field Supervisor Date

MONTH_____**YEAR**_____

DATE	TIMES	HOURS	DATE	TIMES	HOURS
	Column Total:			Column Total:	
				Total Hours:	

Signatures:_____

Student Field Supervisor Date

FIELD PRACTICUM TIME SHEETS PAGE 2

MONTH_____**YEAR**_____

DATE	TIMES	HOURS	DATE	TIMES	HOURS
	Column Total:			Column Total:	
				Total Hours:	

Signatures:_____

Student Field Supervisor Date

MONTH_____**YEAR**_____

DATE	TIMES	HOURS	DATE	TIMES	HOURS
	Column Total:			Column Total:	
				Total Hours:	

Signatures:_____

Student Field Supervisor Date

FIELD PRACTICUM TIME SHEETS PAGE 3

MONTH_____**YEAR**_____

DATE	TIMES	HOURS	DATE	TIMES	HOURS
	Column Total:			Column Total:	
				Total Hours:	

Signatures:_____

Student Field Supervisor Date

MONTH_____**YEAR**_____

DATE	TIMES	HOURS	DATE	TIMES	HOURS
	Column Total:			Column Total:	
				Total Hours:	

Signatures:_____

Student Field Supervisor Date

FIELD PRACTICUM TIME SHEETS PAGE 4

MONTH_____**YEAR**_____

DATE	TIMES	HOURS	DATE	TIMES	HOURS
	Column Total:			Column Total:	
				Total Hours:	

Signatures:_____

Student Field Supervisor Date

MONTH_____**YEAR**_____

DATE	TIMES	HOURS	DATE	TIMES	HOURS
	Column Total:			Column Total:	
				Total Hours:	

Signatures:_____

Student Field Supervisor Date