

Student Name:



Log of Field Practicum Hours

Week Of	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours	Field Instructor Initials	Field Director Initials

**This report should reflect the number of hours the student works on field setting business and documentation. Mark the number of hours in the appropriate block for each work week. Total hours weekly must be reviewed by the Field Instructor, Field Director and student and be reaffirmed by their signature.

Student Signature

Field Instructor Signature

Field Director Signature

Date