**WEST CHESTER UNIVERSITY OF PENNSYLVANIA**

**BSW PROGRAM**

**PRACTICUM TIME REPORT**

**Instructions:**

Please type in the fillable forms and print before signing. **Signatures must all be originals.**

Field Practicum Report: **Enter Time Frame Covered**

1. Student Last Name, Student First Name

2. Field Practicum Site/Name, Field Instructor

|  |  |  |  |
| --- | --- | --- | --- |
| **Week** (specify time frame) | **Hours Completed** | **#Hours in Supervision** | **Field Instructor Signature\*** |
| Week 1: Date - Date | Enter Hours | Enter Hours |  |
| Week 2: Date - Date | Enter Hours | Enter Hours |  |
| Week 3: Date - Date | Enter Hours | Enter Hours |  |
| Week 4: Date - Date | Enter Hours | Enter Hours |  |
| Week 5: Date. - Date. | Enter Hours. | Enter hours |  |

1. **Enter Hours**: Total monthly hours completed.
2. **Enter Hours**: Total cumulative hours for the semester.

 Date

\*Student Signature

 Date

\*Field Instructor Signature

 Date

 \*Faculty Field Liaison Signature

*\*Signatures must be original after the form is printed.*

(Rev. 7/17)