

LOG OF PRACTICUM HOURS & PROJECT NOTES

- Students are responsible for maintaining a Log of Practicum Hours and Project Notes.
- Practicum hours are totalled on this form and students are responsible for submitting the completed and signed log(s) due **by deadline: No later than the last day of the term. Late submissions may compromise your grade.**
- Practicum Site Supervisor(s) must sign the log(s) where indicated below.
- Students with a single practicum site: Are responsible for acquiring the practicum site supervisor's signature.
- Students with multiple practicum sites: Are responsible for acquiring signatures from each practicum site supervisor.
- The Total Practicum Hours line indicates the total practicum hours acquired from all practicum sites. Page two of this form (*Site Information Sheet*) should be submitted for each practicum site.
- All forms are to be submitted electronically to the practicum coordinator/advisor.

If you have any additional questions please contact the practicum coordinator, see contact information above.

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| <input type="checkbox"/> Practicum I | Term & Year _____ | Program/Department |
| <input type="checkbox"/> Practicum II | Term & Year _____ | <input type="checkbox"/> DCRS (MS or Ph.D) |
| <input type="checkbox"/> Teaching & Training | Term & Year _____ | <input type="checkbox"/> MACS/DCRS |
| | | <input type="checkbox"/> CSA/DMS |
| | | <input type="checkbox"/> NSA/DMS |

Please print or type.

Date submitted to Practicum Coordinator: _____

Student Name: _____ N# _____

NSU E-mail: _____ Address: _____

Work Phone: _____ Home Phone: _____ Mobile: _____

Practicum Professor: _____

Practicum Site(s): _____

Number of Sites: _____

Total Number of Passive Hours(attendance at presentations, workshops,etc): _____

Total Practicum Hours: _____

For office use only: Received _____

SITE INFORMATION SHEET

(Students with multiple sites must complete a site information sheet for each site)

Site Number (if multiple practicum sites only): _____

Site Name: _____

Site Supervisor: _____ Title _____

Telephone: _____ Fax: _____ Email: _____

Site Address: _____ Website _____

Site Supervisor Signature: _____

Date verified and signed by Site Supervisor: _____

Week #: _____ Total Hours for Week: _____

| Date (mm/dd/yy) | Responsibilities & Project(s) Performed | Time in Service (minimum 15 minutes/.25 hours) |
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Notes: *(Include observations, impressions, challenges or concerns experienced while performing responsibilities)*

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