**Hawaii Pacific University School of Social Work**

Form for Practicum Hours (please print legibly if filling out by hand)

|  |  |
| --- | --- |
| Student Name: |  |
| Practicum Start Date: | Practicum End Date: |
| Field Instructor Name: | Agency Name: |

*Each month*, submit a timesheet to your field instructor for their review and approval. Once approved, both the student and field instructor should sign and date each sheet.

*At the end of the semester*, turn in all signed timesheets to your practicum seminar instructor.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Tasks Performed** | | **Start Time** | **End Time** | **Number of Supervision Hours** | | **Total Number of Hours** |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | | Total hours carried forward from previous month | | | | + |
|  |  | | Cumulative number of hours | | | | = |
| Student Name: | | Signature: | | | | Date: | |
| Instructor Name: | | Signature: | | | | Date: | |