**Hawaii Pacific University School of Social Work**

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

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| --- | --- |
| 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.

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