



Week #	Date	Direct Client Contact Hours	Other Hours	Total Hours	Supervisor's Initials
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

**Total Direct Contact Hours** \_\_\_\_\_ **Total All Hours** \_\_\_\_\_

***GRAND TOTALS OF HOURS WORKED MUST BE FILLED IN CORRECTLY IN ORDER TO RECEIVE CREDIT.***

TRAINEE'S SIGNATURE: \_\_\_\_\_

SUPERVISOR'S SIGNATURE \_\_\_\_\_

FIELDWORK COORDINATOR'S SIGNATURE: \_\_\_\_\_

TURN IN COMPLETED FORM TO FIELDWORK COORDINATOR BY THE LAST DAY OF INSTRUCTION OF EACH SEMESTER. YOU MAY ESTIMATE HOURS FOR THE LAST WEEK OF WORK IN THE FIELD.