

MASTER SCHEDULE

NAME _____ DATE _____
 TELEPHONE _____ EMERGENCY TELEPHONE _____
 AGENCY NAME _____
 PRACTICUM SUPERVISOR _____
 AGENCY TELEPHONE _____

PRATICUM TIMES

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

	Monday In/Out	Tuesday In/Out	Wednesday In/Out	Thursday In/Out	Friday In/Out	Cumulative total:	Instructor initials
Week 1							
Week 2							
Week 3							
Week 4							
Week 5							
Week 6							
Week 7							
Week 8							
Week 9							
Week 10							
Week 11							
Week 12							
Week 13							
Week 14							
Week 15							

Field Instructor's Signature: _____
I verify that the student has completed 200 hours this semester.

Student's Signature: _____