

**MASTER SCHEDULE**

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
 TELEPHONE \_\_\_\_\_ EMERGENCY TELEPHONE \_\_\_\_\_  
 AGENCY NAME \_\_\_\_\_  
 PRACTICUM SUPERVISOR \_\_\_\_\_  
 AGENCY TELEPHONE \_\_\_\_\_

**PRATICUM SCHEDULE**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

	Monday In/Out	Tuesday In/Out	Wednesday In/Out	Thursday In/Out	Friday In/Out	Cumulative total:	Field Supervisor initials	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								
Week 16								

**This document should be updated weekly and the student must upload it with weekly field reports.  
 Please sign the form after all hours have been completed.**

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

**Student's Signature:** \_\_\_\_\_