Week of ________________ to ________________  

Department of Social Work

<table>
<thead>
<tr>
<th>Date</th>
<th>Time In</th>
<th>Lunch</th>
<th>Time Out</th>
<th>Total: Day</th>
<th>Orientation or Staff Development</th>
<th>Work with Client Systems</th>
<th>Supervision</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Hours for this Week

Previous Hours

Total Cumulative Hours

Round all times to the nearest .25 hour (i.e., 15 min. = .25; 30 min. = .50; 45 min. = .75)

Student Signature ____________________________ Date ________________  

Field Instructor Signature ____________________________ Date ________________

Activity Description for Each Category:

**ORIENTATION/STAFF DEVELOPMENT:**
- Professional Reading
- Observing Other Staff
- Attending Meetings

**SUPERVISION:**
- Time spent directly in supervisory meetings

**WORK WITH CLIENT SYSTEMS:**
- Case Recording – Contacts with Other Agencies
- Client Intakes/Interviews - Community Work – Couple/Family Sessions
- Community Meetings – Group Sessions- Telephone Info & Referral

**OTHER:**
- Case Recording
- Travel Time
- Writing Reports