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**Division of Social Work**

**School of Urban Affairs and Public Policy**

**Time Log for MSW Field Placement**

**Student’s name:**

**Agency:**

In the boxes below, please indicate the times that you have been involved in placement and the field activities in which you were engaged on the respective date. (Please use increments of no less than a quarter hour). Also, please identify competencies that correspond with the activities in which you have been engaged, if applicable.

SAMPLE:

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| --- | --- | --- | --- | --- |
| Date:8/29/2011 | Start Time:9:00 AM | Departure Time:4:45 PM | Hours for the Day:7.75 | Hours for the Semester:24.75 |
| In the box below, please indicate your field activities for this day | ApplicablePractice Behavior(s) |
| * Participated in interdisciplinary staff meeting
* Met with supervisor for field instruction
* Attended agency training session on cultural sensitivity
* Observed monthly meeting of the agency board and met with two providers who are members of the board
* Did intake assessments on two clients
 | --PC-F6Div-F1CT-F5HBSE-F2, Asss-F2 |

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| Date: | Start Time: | Departure Time: | Hours for the Day: | Hours for the Semester: |
| In the box below, please indicate your field activities for this day | ApplicablePractice Behavior(s) |
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| Date: | Start Time: | Departure Time: | Hours for the Day: | Hours for the Semester: |
| In the box below, please indicate your field activities for this day | ApplicablePractice Behavior(s) |
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| Date: | Start Time: | Departure Time: | Hours for the Day: | Hours for the Semester: |
| In the box below, please indicate your field activities for this day | ApplicablePractice Behavior(s) |
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| Date: | Start Time: | Departure Time: | Hours for the Day: | Hours for the Semester: |
| In the box below, please indicate your field activities for this day | ApplicablePractice Behavior(s) |
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| Date: | Start Time: | Departure Time: | Hours for the Day: | Hours for the Semester: |
| In the box below, please indicate your field activities for this day | ApplicablePractice Behavior(s) |
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| Date: | Start Time: | Departure Time: | Hours for the Day: | Hours for the Semester: |
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| Date: | Start Time: | Departure Time: | Hours for the Day: | Hours for the Semester: |
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| --- | --- | --- | --- | --- |
| Date: | Start Time: | Departure Time: | Hours for the Day: | Hours for the Semester: |
| In the box below, please indicate your field activities for this day | ApplicablePractice Behavior(s) |
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**Attestation:**

By typing my name below, I attest that I have constructed and/or reviewed the content of the document above:

**Student’s name: Date:**

**Instructor’s Name: Date:**