

[Student name]
 [Placement office]
 [Week #]

DAY & DATE	TIME	GENERAL DESCRIPTION OF ACTIVITY	HOURS	TOTAL
MONDAY Date				
TUESDAY Date				
WEDNESDAY Date				
THURSDAY Date				
FRIDAY Date				
TOTAL HOURS THIS WEEK				
TOTAL HOURS FROM PREVIOUS WEEKS				
TOTAL CUMULATIVE HOURS				

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Student signature

Supervisor initials