

ISU Social Work Program
Weekly Practicum Log

Student Name: _____
Seminar Day/Time: _____

Log # ___ of 15

Date	Activities	Narrative-Describe Learning Experiences, Apply, and Integrate with Social Work Theory and Concepts	Hours	Field Instructor Comments

Student Signature: _____ Date: _____ Hours: _____ Cumulative Hours: _____

Field Instructor Signature: _____ Date: _____

Date of Weekly Supervision Meeting: _____ F.I. Initials: _____

Topics Covered: _____

Progress: _____ Satisfactory _____ Unsatisfactory _____ Desire Field Coordinator Contact