

CYC 553
Practicum in Child and Youth Care

PRACTICUM TIME LOG

Date	Activity	Hours
	Total hours	

**CYC 553
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Date	Activity	Hours
	Total hours	

**CYC 553
Practicum in Child and Youth Care**

Date	Activity	Hours
	Total practicum hours Total supervision hours	

Practicum student signature:

Date: _____

Field supervisor signature:

Date: _____

Note to student: Please attach signed time log to evaluation form and include in appendix of your final practicum report.