

CYC 563  
Practicum in Child and Youth Care

**PRACTICUM TIME LOG**

Date	Activity	Hours
	<b>Total hours</b>	

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<b>Date</b>	<b>Activity</b>	<b>Hours</b>
	<b>Total hours</b>	

**CYC 563  
Practicum in Child and Youth Care**

<b>Date</b>	<b>Activity</b>	<b>Hours</b>
	<b>Total practicum hours</b> <b>Total supervision hours</b>	

**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.