



**UCC**

Coláiste na hOllscoile Corcaigh, Éire  
University College Cork, Ireland

## Department of Occupational Therapy

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**OT2007**

**STUDENT HOURS**

**HOURS LOG**

Student Name:

Student Number:

Student Name:

Student No.:

**Year 2 Practice Placement:**

Preparation for Practice	Hours
Pre-Linking Learning:	
Post-Linking Learning:	
<b>Total Hours</b>	

<b>Practice Educator:</b>	
<b>Site Address:</b>	
<b>Tel:</b>	
<b>Email:</b>	
<b>Nature of placement:</b> (please state if physical, psychosocial or combined)	

Student Name:

Student No.:

Week 1		Beginning Date: __/__/____		
<u>Day</u>		<u>Times</u>	<u>Hours</u>	<u>Day's Total</u>
Mon	am			
	pm			
Tues	am			
	pm			
Wed	am			
	pm			
Thurs	am			
	pm			
Fri	am			
	pm			

Week's total = \_\_\_\_\_ Student's signature \_\_\_\_\_

Practice Educator Signature: \_\_\_\_\_

Week 2		Beginning Date: __/__/____		
<u>Day</u>		<u>Times</u>	<u>Hours</u>	<u>Day's Total</u>
Mon	am			
	pm			
Tues	am			
	pm			
Wed	am			
	pm			
Thurs	am			
	pm			
Fri	am			
	pm			

Week's total = \_\_\_\_\_ Student's signature \_\_\_\_\_

Practice Educator Signature: \_\_\_\_\_

Student Name:

Student No.:

Week 3		Beginning Date: __/__/____		
<u>Day</u>		<u>Times</u>	<u>Hours</u>	<u>Day's Total</u>
Mon	am			
	pm			
Tues	am			
	pm			
Wed	am			
	pm			
Thurs	am			
	pm			
Fri	am			
	pm			

Week's total = \_\_\_\_\_ Student's signature \_\_\_\_\_

Practice Educator Signature: \_\_\_\_\_

Week 4		Beginning Date: __/__/____		
<u>Day</u>		<u>Times</u>	<u>Hours</u>	<u>Day's Total</u>
Mon	am			
	pm			
Tues	am			
	pm			
Wed	am			
	pm			
Thurs	am			
	pm			
Fri	am			
	pm			

Week's total = \_\_\_\_\_ Student's signature \_\_\_\_\_

Practice Educator's signature \_\_\_\_\_

Student Name:

Student No.:

Week 5		Beginning Date: __/__/____		
<u>Day</u>		<u>Times</u>	<u>Hours</u>	<u>Day's Total</u>
Mon	am			
	pm			
Tues	am			
	pm			
Wed	am			
	pm			
Thurs	am			
	pm			
Fri	am			
	pm			

Week's total = \_\_\_\_\_ Student's signature \_\_\_\_\_

Practice Educator's signature \_\_\_\_\_

Week 6		Beginning Date: __/__/____		
<u>Day</u>		<u>Times</u>	<u>Hours</u>	<u>Day's Total</u>
Mon	am			
	pm			
Tues	am			
	pm			
Wed	am			
	pm			
Thurs	am			
	pm			
Fri	am			
	pm			

Week's total = \_\_\_\_\_ Student's signature \_\_\_\_\_

Practice Educator's signature \_\_\_\_\_

Student Name:

Student No.:

Week 7 Beginning Date: __/__/____				
Day		Times	Hours	Day's Total
Mon	am			
	pm			
Tues	am			
	pm			
Wed	am			
	pm			
Thurs	am			
	pm			
Fri	am			
	pm			

Week's total = \_\_\_\_\_ Student's signature \_\_\_\_\_

Practice Educator's signature \_\_\_\_\_

Week 8 Beginning Date: __/__/____				
Day		Times	Hours	Day's Total
Mon	am			
	pm			
Tues	am			
	pm			
Wed	am			
	pm			
Thurs	am			
	pm			
Fri	am			
	pm			

Week's total = \_\_\_\_\_ Student's signature \_\_\_\_\_

Practice Educator's signature \_\_\_\_\_

Student Name:

Student No.:

OT2007 Absent Days			
Sick leave hours taken:		Sick leave hours made up:	
Sick leave certified:	Yes      No	Sick leave cert forwarded to PEC:	Yes      No
Number of public holidays:			

OT2007 Hours Summary	
Physical:	
Psychosocial:	
<b>TOTAL OT2007 HOURS:</b>	
Student Signature:	
Practice Educator Name:	
Practice Educator Signature	
Practice Tutor Name:	
Practice Tutor Signature:	

Practice Education First & Second Years Log Summary		
	Physical	Psychosocial
Year 1 Hours		
Year 2 Hours		
Total Cumulative Hours		
Total Hours over 2 years		