Department of Occupational Therapy

**OT2007**

**Student Hours**

**Hours Log**

Student Name:

Student Number:

**Year 2 Brookfield Paediatric Occupational Therapy Clinic Experience**

|  |  |
| --- | --- |
| **Practice Educator:** | Jane O’Connell/Tom O’Keeffe |
| **Site Address:** | Ground floor, Brookfield Health Sciences Complex. |
| **Tel:** | 021 4901579 |
| **Email:** | Jane.OConnell@hse.ieTom.okeeffe@hse.ie  |
| **Nature of placement:**(please state if physical, psychosocial or combined)  | Paediatric Community Occupational Therapy (Combined physical and psychosocial) |

|  |  |
| --- | --- |
| Slot 1 | Date:Time: |

|  |  |
| --- | --- |
| Slot 2 | Date: Time:  |

|  |  |
| --- | --- |
| Student Name |  |
| Student Signature |  |
| Clinician Name |  |
| Clinician Signature and CORU No |  |
| Practice Educator Signature |  |

**Year 2 Practice Education Placement:**

|  |  |
| --- | --- |
| **Practice Educator:** |  |
| **Site Address:** |  |
| **Tel:** |  |
| **Email:** |  |
| **Nature of placement:**(please state if physical, psychosocial or combined)  |  |

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| **Week 1 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 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Week 2 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 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Week 3 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 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Week 4 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Week 5 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Week 6 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| **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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **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:  |  |

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| **OT2007 Hours Summary** |
| Physical: |  |
| Psychosocial: |  |
| **TOTAL OT2007 HOURS (inclusive of clinic experience hours):** |  |
| 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 |  |