



UCC

Coláiste na hOllscoile Corcaigh, Éire
University College Cork, Ireland

Department of Occupational Therapy

OT2007

STUDENT HOURS

HOURS LOG

Student Name:

Student Number:

Student Name:

Student No.:

OT3007 Practice Placement:

Preparation for Practice	Hours
Pre-Linking Learning:	
Post-Linking Learning:	
Total Hours	

Practice Placement Details	
Practice Educator:	
Site Address:	
Tel:	
Email:	
Nature of placement: (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's 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's 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's 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	BANK HOLIDAY		
	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: __/__/____		
<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 8		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 9		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 10		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.:

OT3007 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:			

OT3007 Hours Summary	
Physical:	
Psychosocial:	
TOTAL OT3007 HOURS:	
Student Signature:	
Practice Educator Name:	
Practice Education Signature:	
Practice Tutor Name:	
Practice Tutor Signature:	

Practice Education First, Second & Third Years Hours Log Summary		
	Physical	Psychosocial
Year 1 Hours		
Year 2 Hours		
Year 3 Hours		
Total Cumulative Hours		
Total Hours over 3 years		