Department of Occupational Therapy

**OT2007**

**Student Hours**

**Hours Log**

Student Name:

Student Number:

**OT3007 Practice Placement:**

|  |
| --- |
| **Practice Placement Details** |
| **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’s 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’s 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’s 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 | **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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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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| --- |
| **Week 9 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 10 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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| **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:  |  |

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

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| **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 |  |