

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) |  |

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

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

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

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

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

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

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

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |  | |