Student Information



Practicum Student's Progress Report

Every student and supervisor must turn in at least one Progress Report form before the last day to drop a course without penalty in Arts and Science. Part I is to be filled out by the student and Part II is to be filled out by the supervisor. One Progress Report should be submitted by the student to the Course Coordinator before end of the first term at latest; the second before the course drop date.

| Student Number: | Given Name(s): | Given Name(s): Family Name: | | | | | |
|---|------------------------------------|-----------------------------|-----------------|-----------|--|--|--|
| Contact Information: | Phone Number: | | E-Mail Address: | | | | |
| Practicum Topic, Pl | acement Organi | zation, & Supe | ervisor In | formation | | | |
| Practicum Title/Topic: | | , | | | | | |
| Institution/Organization/Agenc | y: | | | | | | |
| Address or Practicum Location | : | | | | | | |
| Practicum Work Schedule: | Hours Per Week: **See Guidelines. | Start date: | | End Date: | | | |
| Practicum Supervisor & Contact Information: | Name: | | | 1: | | | |
| | Phone Number: | | E-Mail Address: | | | | |
| Practicum Goals, Ta | ocks/Activities & | 2 Outpute Pro | duote | | | | |
| | | | | | | | |
| Has the practicum placement met your expectations thus far, and in what ways? What are areas for improvement? | | | | | | | |
| | | | | | | | |

| UNIVERSITY COLLEGE H | Health Studies Practicum | Course | (HST400Y) |) - Practicum | Timesheet/ | Journal |
|----------------------|--------------------------|--------|-----------|---------------|------------|---------|
|----------------------|--------------------------|--------|-----------|---------------|------------|---------|

| What contributions have the Plarience? | acement Organizatio | n and/or Supervisor made to y | our practicum learning expe- |
|--|-----------------------|---------------------------------|---------------------------------|
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| | | | |
| How could you and/or the Place | ement Organization i | improve the experience for you | u and/or the organization? |
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| | | | |
| Signature | | | |
| Dry signing helevy I the Heelth | Ctradias Ctradamt aff | Sure that I have been attending | man man ati anno an anh adula d |
| By signing below, I, the Health | | 9 | • 1 |
| and that these statements about | <u> </u> | na complete to the best of my | ability. |
| | Signature: | | |
| Health Studies Practicum Student: | Written Name: | | Date: |

Any questions or concerns about this Progress Report should be addressed to the University College Health Studies Program Director at: healthstudies.director@utoronto.ca, the Health Studies Program Assistant at: healthstudies.director@utoronto.ca, or 416-978-8083, or by visiting the University College Office of Academic Services, in Room 173, 15 King's College Circle, Toronto, Ontario, M5S 3H7.