Reset form

Public Health Program
Practicum Course (PHS400Y)

UNIVERSITY COLLEGE

Practicum Timesheet/Journal

Student Information

Student Number:	Given Name(s):	Family Name:
Contact Information:	Phone Number:	E-Mail Address:

Practicum Topic, Placement Organization, & Supervisor Information

Practicum Title/Topic:			
Institution/Organization/Agency:			
Address or Practicum Location:			
Practicum Work Schedule:	Hours Per Week: ***See Guidelines.*	Start date:	End Date:
Practicum Supervisor & Contact Information:	Name:	Position:	
	Phone Number:	E-Mail Address:	

As a means of tracking the number of hours you spend at your practicum and the progress you make on completing your assigned activities and achieving your learning objectives, use the table below to record the time you spend each time you go to the Practicum Placement, the specific activities you engage in there, and they way that work does or does not contribute to obtaining your goals and those of the Practicum Organization. It is also a good idea occasionally to note how you feel your practicum is progressing and to write-down any problems or tensions that may come-up. This information will not be seen by your Practicum Supervisor or anyone else at your Placement Organization, although you may want to review it before PHS400 class meetings in case you have issues you want to discuss together.

Once completed, the form should be used as one basis (or one type of "data") for the reflective part of your end-of-year Practicum Poster project for the University College Research & Practice Day Exhibition and submitted to the Course Instructor.

Practicum Goals, Tasks/Activities, and Outputs

Date:	# Hours Worked:	Activities Performed:	Learning Goals Addressed:	Comments:

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