THE UNIVERSITY OF TENNESSEE KNOXVILLE
COLLEGE OF SOCIAL WORK

The University of Tennessee, Knoxville College of Social Work
MSSW Program
Field Practicum Time Sheet (2 section)

Instructions:

1. The time sheet is divided into 2 sections. Each section is for a semester of field. **Each section is to be signed by the student, field instructor, and field liaison AT THE END of the school term. The signatures will LOCK each section.**
2. Each student is responsible for maintaining an accurate, current record of their time. **Students should enter the total number of hours for each day only after the hours have been completed.** No time should be entered on the form until completed.
3. Field Instructors are to review the time sheet and enter the supervision date/time in the far right column on a weekly basis. If there is a week of missed supervision, the field instructor should enter the reason (e.g. illness, vacation, holiday).
4. **Students in Generalist Field are required to complete 160 field placement hours in the fall and 240 hours in the spring for a minimum total of 400 hours. Full-time students in Concentration Field are required to complete 300 field placement hours per semester for fall and spring for a minimum total of 600 hours.**

Note: You must click on the SAVE button to save any information entered or changed on this page before closing or printing the page, or your information will be lost.

Student:_____
Field Instructor:_____
Course: **Semester:** **Year:**

	Week/Dates	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Hrs For Week	Supervision Date/Time
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										

13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										

Grand Total:

Please do NOT sign this form until the end of semester after all your hours have been entered. After signing the form, no changes or additions can be made.

Student Signature: _____
Field Instructor/Supervisor Signature: _____
Field Liaison Signature: _____

Note: Typing in your name above, and saving this form while logged in is your signature.

Course: **Semester:** **Year:**

	Week/Dates	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Hrs For Week	Supervision Date/Time
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										

15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										

Grand Total:

Please do NOT sign this form until the end of semester after all your hours have been entered. After signing the form, no changes or additions can be made.

Student Signature: _____
Field Instructor/Supervisor Signature: _____
Field Liaison Signature: _____

Note: Typing in your name above, and saving this form while logged in is your signature.