

**FACULTY OF …………………………….**

**DEPARTMENT OF ……………………………**

**PROFESSIONAL PRACTICE NOTEBOOK**

**To Be Completed by the Student**

Student Name:

Week:

Professional Practice Site Supervisor:

Department Professional Practice Supervisor:

Field of Experience:

I. Please indicate the times you were engaged in professional practice:

# Date Day Time Hours:

**Total Hours for professional practice:**

**Hours:**

II. Evaluation of Week’s Experiences:

A concise description of what you did each day:

*Week of Month 00 through Month 00, 20XX (……. hours):*

**Monday, Month 00:**

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**Tuesday, Month 00:**

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**Wednesday, Month 00:**

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**Thursday, Month 00:**

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**Friday, Month 00:**

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**Summary Statement:** …………………………………………………………………………………………………………………………………………………………………………………………………………

Professional Practice Site Supervisor Signature:

Date:

Student Signature:

Date: