NEW YORK CITY COLLEGE OF TECHNOLOGY CITY UNIVERSITY OF NEW YORK

Please Check: A.A.S. () B.S. ()

HUMAN SERVICES FIELD PRACTICUM SEMESTER: _____

FIELD WORK HOURS CERTIFICATION

All students enrolled in the Human Services Field Practicum and Professional Internships are required to do two hundred fifty (250) hours for Associate Degree (AA. S) and two hundred (200) hours for Baccalaureate Degree (B.S) of fieldwork in an approved Social or Health Agency. A total of two hundred fifty (250) hours per semester for the (AA. S) Degree and one-hundred (100) hours for the (B.S) degree. This form is for keeping a record of hours worked during the semester. **The student and the Agency Supervisor must sign it.** You are responsible to keep accurate and authentic documentation of hours worked. Falsifying this document can result in dismissal from the program. **Photocopies are not accepted.**

Student's Name	Course	_Section
Agency	_Field Supervisor _	

LUNCH AND/OR DINNER HOURS ARE NOT TO BE INCLUDED

Date	Time In	Time Out	Total Hours	Supervisor's Signature

TOTAL HOURS ON THIS TIME SHEET TOTAL HOURS ON PREVIOUS TIME SHEET

TOTAL HOURS TO DATE _____

Student's Signature

Date

Supervisor's Signature and Agency Stamp Da

__/ ____ Date

Monthly Checklist for Field Supervisors

Student's Name				Emplid ID:
Course	Section	Semester	Instructor	
Name of Agency	-		Field Super	visor
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N	<u>leetings:</u>	Number of Assignments	<u>Comments</u>
	Intern Orientation		
	Staff Meetings		
	Case Conferences		
	Community Meetings		
	Other (Please Specify)		

Supervision (Please check all that apply

Individual	½ hour weekly	1 hour weekly	1 hour bi-weekly
Group	½ hour weekly	1 hour weekly	1 hour bi-weekly

Contacts	Formal #	Informal #	Comments
Individual			
Group			
Family			

Professional Writing	Number of Assignments	Comments
Progress Notes (Individual, Group, or Family)		
Phone Contacts		
Intake Summary		
Assessment and Planning Summary		
Professional Letters		
Special Projects (Flyers, Websites, Manuals, etc. please specify)		

Concerns (regarding students' performance, behavior, attitude and appearance this month)

Was the student supervised/informed about these concerns? YesN	No Date
Agency Supervisor's Signature	Date
Seminar Instructor's Signature	Date