

Certification of Field Hours
SOWK 489 (Summer)

Student Name: _____

On-site supervisor initial

Week #1 Date: _____	Hours this week: _____	_____
Week #2 Date: _____	Hours this week: _____	_____
Week #3 Date: _____	Hours this week: _____	_____
Week #4 Date: _____	Hours this week: _____	_____
Week #5 Date: _____	Hours this week: _____	_____
Week #6 Date: _____	Hours this week: _____	_____
Week #7 Date: _____	Hours this week: _____	_____
Week #8 Date: _____	Hours this week: _____	_____
Week #9 Date: _____	Hours this week: _____	_____
Week #10 Date: _____	Hours this week: _____	_____
Week #11 Date: _____	Hours this week: _____	_____
Week #12 Date: _____	Hours this week: _____	_____

Additional Hours _____

Total Hours per semester _____

Field Instructor

Date

Student

Date

Field Liaison

Date

Please return to your Faculty Liaison at the School of Social Work, Radford University. Liaisons, please submit to the Field Coordinator to be filed in student's field folder. **Students should retain a copy for their files.**