 **MSW Field Education *Electronic* Time & Tasks Log**

**Program Status:** Choose an item.

**Semester:**  Choose an item.
**Academic Year Start:** Choose an item.

**Program Location:** Choose an item.

|  |  |
| --- | --- |
| **Student Name** |  |
| **Field Agency** |  |
| **Home Phone** |  |
| **Cell Phone**  |  |
| **Email** |  |

**Week of:** Click here to enter a date.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sunday** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
|       |        |        |       |       |       |       |
| ***Weekly Total of hours:*** Choose an item. |
| ***Tasks/Activities that support the development of Competencies***:      |

**Week of:** Click here to enter a date.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sunday** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
|       |       |       |       |       |       |       |
| ***Weekly Total of hours:*** Choose an item. |
| ***Tasks/Activities that support the development of Competencies***:       |

**Week of:** Click here to enter a date.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sunday** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
|       |        |        |       |       |       |       |
| ***Weekly Total of hours:*** Choose an item. |
| ***Tasks/Activities that support the development of Competencies***:      |

**Week of:** Click here to enter a date.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sunday** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
|       |       |       |       |       |       |       |
| ***Weekly Total of hours:*** Choose an item. |
| ***Tasks/Activities that support the development of Competencies***:       |

**Total Hours for four (4) weeks=**

**Field Hours Signature Page**I, graduate field education student in the School of Social Work certify the information on this time & task log is accurate and I hereby authorize it to reflect my completed field hours at my assigned agency.

**Important! Signature Box below- Field Student *required***

[ ]  **A check in this box affirms that I hereby attest all of the information on this time & task log is true to the best of my knowledge and is the equivalent of my signature**.

**Graduate Field Student Name**:

**Signature Date**: Click here to enter a date.

I, assigned task supervisor, certify the information on this time & task log was reviewed by myself and is accurate. I hereby authorize it to reflect my assigned field student’s field hours at my assigned agency.

**Important! Signature Box below- Task Supervisor (*required,* *if applicable*)**

[ ]  **A check in this box affirms that I hereby attest I have reviewed all of the information on this time & task log, is true to the best of my knowledge, and is the equivalent of my signature**.

**Task Supervisor Name**:

**Signature Date**: Click here to enter a date.

I, assigned field instructor, certify the information on this time & task log was reviewed by myself and is accurate. I hereby authorize it to reflect my assigned field student’s field hours at my assigned agency.

**Important! Signature Box below- Field Instructor *required***

[ ]  **A check in this box affirms that I hereby attest I have reviewed all of the information on this time & task log, is true to the best of my knowledge, and is the equivalent of my signature**.

 **Field Instructor Name**:

 **Signature Date**: Click here to enter a date.

I, assigned field faculty liaison, certify the information on this time & task log was reviewed by myself and is accurate to my knowledge. I hereby authorize it to reflect my assigned student’s completed field hours at my assigned agency.

**Important! Signature Box Below- Field Faculty Liaison *required***

[ ]  **A check in this box affirms that I hereby attest I have reviewed all of the information on this time & task log, it is true to the best of my knowledge, and is the equivalent of my signature**.

**Field Faculty Liaison Name**:

**Signature Date**: Click here to enter a date.

**Time & Task Log Submission Process

Step#1: Student Responsibility**Student is responsible for accurately completing the Time & Task Log, completing signature box, and electronically forwarding it to Task Supervisor, if applicable, or Field Instructor.

**Step #2:** **Task Supervisor Responsibility**
Upon completion of signature boxes by Task Supervisor (if applicable) Task Supervisor electronically forwards this document to the Field Instructor.
**Step #3: Field Instructor Responsibility**
Upon completion of signature boxes by Field Instructor, Field Instructor electronically forwards this document to their assigned Field Faculty Liaison.

**Step #4**: **Field Faculty Liaison Responsibility**
Upon review and completion of signature boxes by assigned Field Faculty Liaison, Field Faculty Liaison rename document (Academic semester, Program, Last name, First name- i.e. 2016FallgraduatePalmerTeresa) and submit to student’s assigned field contact person

**Step #5: Field Contact Person Responsibility**
Review field hours along with Student Integrative Learning Contract & Student Evaluation and submit credit/no credit to university

 **Field Contact Persons**

**Akron Campus | Undergraduate & Graduate Foundation students** **|**
Naomi White**|** naomi1@uakron.edu **|** 330-972-5978

**Akron Campus** **|Graduate Concentration students|** Becky Thomas **|** bthomas@uakron.edu **|** 330-972-5682

 **Lakewood campus| All Learners |**Becky Thomas **|** bthomas@uakron.edu **|** 330-972-5682

 **Wayne College All Learners** **|**Lisa Crites **|** lkc6@uakron.edu **|**330-972-8707