

**ALABAMA A&M UNIVERSITY  
GRADUATE SOCIAL WORK PROGRAM  
Department of Field Education**

**WEEKLY FIELD PRACTICUM ACTIVITY REPORTING FORM  
WEEK NUMBER:**

Student's Name:

Agency:

Hours Interned this week:

Cumulative Hours:

<b>HOUR</b>	<b>MONDAY Date:</b>	<b>TUESDAY Date:</b>	<b>WEDNESDAY Date:</b>	<b>THURSDAY Date:</b>	<b>FRIDAY Date:</b>
8:00 9:00					
9:00 10:00					
10:00 11:00					
11:00 12:00					
12:00 1:00					
1:00 2:00					
2:00 3:00					
3:00 4:00					
4:00 5:00					

**MSW Field Instructor Signature (required)**  
**(Please highlight weekly supervision)**

**Date**

**Narrative Summary of Weekly Activities** *(To be completed by the student)*  
*Indicate how your assignments for the week correlated to the 9 core competencies)*

Weekly Supervision Documentation (To be completed following weekly supervision)

Date:

Time:

Participants:

Agenda Items:

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Additional Items and Comments:

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MSW Field Instructor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date