

SEMESTER SUMMARY OF CONTACT HOURS

PCC

(To be completed for each semester and each field site placement)

Student Name: _____ Semester: _____

Supervisor: _____

Placement/Location: _____

	<u>Direct Hours</u>	<u>Indirect Hours</u>	<u>Total Direct & Indirect Hours</u>
Week 1	_____	_____	_____
Week 2	_____	_____	_____
Week 3	_____	_____	_____
Week 4	_____	_____	_____
Week 5	_____	_____	_____
Week 6	_____	_____	_____
Week 7	_____	_____	_____
Week 8	_____	_____	_____
Week 9	_____	_____	_____
Week 10	_____	_____	_____
Week 11	_____	_____	_____
Week 12	_____	_____	_____
Week 13	_____	_____	_____
Week 14	_____	_____	_____
Week 15	_____	_____	_____
Week 16	_____	_____	_____

Total Direct Hours **Total Indirect Hours** **Total Direct & Indirect Hours**

Number of students with backgrounds different from self: _____

Number of hours spent with students different from self: _____

Number of hours spent with groups: _____