

**FINAL SUMMARY OF FIELD EXPERIENCE HOURS**  
**PCC**

(To be completed upon completion of ALL Field Experience Hours)

Student Name: \_\_\_\_\_ Semester: \_\_\_\_\_

Agency Placement/Location: \_\_\_\_\_

# Direct Hours \_\_\_\_\_ # Indirect Hours \_\_\_\_\_ Total Hours \_\_\_\_\_  
Of the Direct Hours, how many were Group Hours? \_\_\_\_\_  
Of the Direct Hours, how many hours were different from self? \_\_\_\_\_

Elementary Placement/Location: \_\_\_\_\_

# Direct Hours \_\_\_\_\_ # Indirect Hours \_\_\_\_\_ Total Hours \_\_\_\_\_  
Of the Direct Hours, how many were Group Hours? \_\_\_\_\_  
Of the Direct Hours, how many hours were different from self? \_\_\_\_\_

Middle/Junior High Placement/Location: \_\_\_\_\_

# Direct Hours \_\_\_\_\_ # Indirect Hours \_\_\_\_\_ Total Hours \_\_\_\_\_  
Of the Direct Hours, how many were Group Hours? \_\_\_\_\_  
Of the Direct Hours, how many hours were different from self? \_\_\_\_\_

High School Placement/Location: \_\_\_\_\_

# Direct Hours \_\_\_\_\_ # Indirect Hours \_\_\_\_\_ Total Hours \_\_\_\_\_  
Of the Direct Hours, how many were Group Hours? \_\_\_\_\_  
Of the Direct Hours, how many hours were different from self? \_\_\_\_\_

**TOTAL DIRECT CONTACT HOURS** \_\_\_\_\_

**TOTAL INDIRECT HOURS** \_\_\_\_\_

**TOTAL GROUP HOURS** \_\_\_\_\_

**TOTAL HOURS DIFFERENT FROM SELF** \_\_\_\_\_

**TOTAL DIRECT and INDIRECT HOURS (minimum 280 hours)** \_\_\_\_\_