

**Southern Illinois Collegiate Common Market Level II Fieldwork  
Level II Fieldwork Time Log**

Student's Name: \_\_\_\_\_

Date of Affiliation: \_\_\_\_\_

Clinical Site: \_\_\_\_\_

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	OTHER	TOTAL
<b>Week 1</b>							
IN							
Out							
Additional							
<i>Total</i>							
<b>Week 2</b>							
IN							
OUT							
Additional							
<i>Total</i>							
<b>Week 3</b>							
IN							
OUT							
Additional							
<i>TOTAL</i>							
<b>Week 4</b>							
IN							
OUT							
Additional							
<i>TOTAL</i>							
<b>Week 5</b>							
IN							
OUT							
ADDITIONAL							
<i>TOTAL</i>							
<b>Week 6</b>							
IN							
OUT							
ADDITIONAL							
<i>TOTAL</i>							

<b>Week 7</b>								
IN								
OUT								
ADDITIONAL								
TOTAL								
<b>Week 8</b>								
IN								
OUT								
ADDITIONAL								
TOTAL								
							<b>TOTAL HOURS</b>	

SUPERVISOR'S SIGNATURE: \_\_\_\_\_

Clinical Site: \_\_\_\_\_

STUDENT'S SIGNATURE: \_\_\_\_\_