

Tracking of Placement Hours: Intermediate, Internship 1 & 2

Student Name: _____

Clinical Supervisor: _____

Facility: _____

Dates of Placement: From: _____ to _____

Type of Placement: OTA PTA OTA & PTA

Dates	Monday	Tuesday	Wednesday	Thursday	Friday	Total weekly hrs		CS signature	Comments if required
						OTA:	PTA:		
	OTA: ----- PTA:	OTA: ----- PTA:	OTA: ----- PTA:	OTA: ----- PTA:	OTA: ----- PTA:				
	OTA: ----- PTA:	OTA: ----- PTA:	OTA: ----- PTA:	OTA: ----- PTA:	OTA: ----- PTA:				
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	OTA: ----- PTA:	OTA: ----- PTA:	OTA: ----- PTA:	OTA: ----- PTA:	OTA: ----- PTA:				
Total Placement hours						OTA:	PTA:		

- Tracking of student placement hours are for record keeping in compliance with Accreditation.
- Students are to track their placement hours (i.e. time spent at facility, e.g. 8:00 – 4:00 = 8 hours) If absent, enter absent on that day, and in comment section, can indicate e.g. if this time will/will not be made up
- At the end of the week, the Clinical Supervisor (CS) will review and sign to validate those hours.
- This form must be submitted at the end of placement with other documentations.