

ACTIVITY REPORT

Name: _____

Bethel University SWP

Date Date Date Date Date Date Date Date Date Date Date

P.O. box _____

Record only a two week period of dates:												Activity Totals
Client Contacts	Individual											
	Family											
	Group											
	Community											
	Macro Projects (specify)											
Supervision	with Field Instructor											Sub total
	with other staff member											
Agency Meeting Conference or Training	Staff Meeting											Sub total
	Training/Conference											
	Orientation & Observations											
Management	Case Notes & Paper Work											Sub total
	Other (specify)											
Two Week	Total Hours											Sub total

Duplicate form for your personal use!

(Please fill in time to the nearest half-hour using .5 or 1 [not 1/2])

Total hours this report _____

Previous total hours _____

Agency _____

Total hours to date _____

Field Instructor's Signature (required) _____

Faculty Liaison's Initials _____

Date _____