MISERICORDIA UNIVERSITY
OCCUPATIONAL THERAPY DEPARTMENT
FIELDWORK OFFICE
LEVEL I FIELDWORK TIME LOG

INTERVENTION I

PLEASE PRINT:

Student Name:_____

Facility:_____

Supervisor:_____

Weekday Students- 8 fieldwork days **are** required
Weekend Students- 48 hours **are** required

Date	**Time**	**Supervisor's Initials**

To be completed each fieldwork visit and returned to Intervention Instructor on the last day of class.

Rev. 7/07