



## ADDICTION PRACTICUM HOUR LOG

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

S M T W Th F S	S M T W Th F S	S M T W Th F S	S M T W Th F S	S M T W Th F S	S M T W Th F S

\*\*Please date above each box and circle the appropriate letter for the day of the week.  
In the box above, list activities performed and hours.

STUDENT SIGNATURE: \_\_\_\_\_

SUPERVISOR SIGNATURE: \_\_\_\_\_

WEEK \_\_\_\_/20

TOTAL HOURS FOR WEEK: \_\_\_\_\_

TOTAL CUMULATIVE HOURS: \_\_\_\_\_