UW Oshkosh **Student Log of Field Work**
Social Work Dept. **Week Number _____**

Student's Name _____ Supervisor's Signature _____

DATE	ACTIVITY	HOURS

Weekly Total _____

Readings not listed above (title, author, pages) _____

Activities not listed above (date, title, hours) _____

Weekly learning experience: On the reverse side, identify and describe major learning experiences during the week. Integrate the nature of this learning experience with social work theory and concepts.