**Discipline of Occupational Therapy**

## FORM 19 : STUDENT RECORD OF STUDY HOURS

**Student Name:**

**Placement:** (Please tick ✓ as appropriate)

|  |  |
| --- | --- |
| Second Year (Block 1) | Second Year (Block 2) |
| Fourth Year (Block 1) | Fourth Year (Block 2) |

**To be Completed Weekly**

|  |  |
| --- | --- |
| **Week 1. (Please list tasks completed).**  1.  2.  3. | **Study time used for: (Please tick ✓)**  Portfolio  Case Study  Placement Research  Other |
| **Week 2. (Please list tasks completed).**  1.  2.  3. | **Study time used for: (Please tick ✓)**  Portfolio  Case Study  Placement Research  Other |
| **Week 3. (Please list tasks completed).**  1.  2.  3. | **Study time used for: (Please tick ✓)**  Portfolio  Case Study  Placement Research  Other |
| **Week 4. (Please list tasks completed).**  1.  2.  3. | **Study time used for: (Please tick ✓)**  Portfolio  Case Study  Placement Research  Other |
| **Week 5. (Please list tasks completed).**  1.  2.  3. | **Study time used for: (Please tick ✓)**  Portfolio  Case Study  Placement Research  Other |
| **Week 6. (Please list tasks completed).**  1.  2.  3. | **Study time used for: (Please tick ✓)**  Portfolio  Case Study  Placement Research  Other |
| **Week 7. (Please list tasks completed).**  1.  2.  3. | **Study time used for: (Please tick ✓)**  Portfolio  Case Study  Placement Research  Other |
| **Week 8. (Please list tasks completed).**  1.  2.  3. | **Study time used for: (Please tick ✓)**  Portfolio  Case Study  Placement Research  Other |

|  |
| --- |
| I hereby confirm that this is a true record of time spent on this placement on study |
| Student Name: |
| Date: |
| Signature: |
|  |
| **I have reviewed this template** |
| Practice educator name (PRINT): |
| Signature: |
| Date: |