

Placement Log

Massachusetts School Social Worker Licensure Program

Name: _____ Semester/Year _____

Field Placement (circle one): SW446 SW447

Placement Name: _____

Week 1

Dates:

Hours:

Week 2

Dates:

Hours:

Week 3

Dates:

Hours:

Week 4

Dates:

Hours:

Week 5

Dates:

Hours:

Week 6

Dates:

Hours:

Week 7

Dates:

Hours:

Week 8

Dates:

Hours:

Week 9

Dates:

Hours:

Week 10

Dates:

Hours:

Week 11

Dates:

Hours:

Week 12

Dates:

Hours:

Week 13

Dates:

Hours:

Week 14

Dates:

Hours:

Week 15

Dates:

Hours:

Week 16

Dates:

Hours:

Week 17

Dates:

Hours:

Week 18

Dates:

Hours:

Week 19

Dates:

Hours:

Week 20

Dates:

Hours:

Student's Signature _____

Date _____

Field Supervisor's Signature _____

Date _____

Only complete log for weeks in placement.

This placement log is a required document for the School Social Work Licensure Program

Please submit the completed log to Tom Wagtowicz (P-304P), Registration Coordinator, at the end of each semester.