# PRACTICE EDUCATION LOG

**Master of Occupational Therapy**

It is the responsibility of the student to complete this log on a regular basis and submit it to the Academic Coordinator of Clinical Education (Occupational Therapy) by the end of each subject that includes a Practice Education Fieldwork experience.

# Student name: Cohort:

**Subject (please circle):** OCTY71-100 / OCTY71-109 / OCTY71- 111 /OCTY73-700 / OCTY73-701 / OCTY71-402/ OCTY71-404

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| Date (DD/MM/YYYY) | **Hours** | **Location** | **Activities** | **Name/s of practice educator/s (or Subject Coordinator where appropriate)** | **Signature/s of practice educator/s** |
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