Practicum Summary

Student Name: _____
(Please Type or Print)

Practicum Site	Date(s)	Hours
TOTAL (must equal or exceed 100 hours)		

(Attach additional copies of this form if needed)

Submission: Student should attach each individual Practicum Site Supervisor Form to this summary sheet and include all Practicum forms as first item inside Event Portfolio. Do not submit this Practicum Summary until the full 100 hours of Practicum have been completed.

Student Signature: _____

Date Submitted: _____