

SAMPLE BI-WEEKLY LOG AND TIMESHEET

SAMPLE

COMPUTER PRINTED ONLY
BI-WEEKLY LOG

NAME: _____

WEEKS: _____

FIRST REPORT ONLY, Include name, phone number of Field Instructor, agency address; your agency and home phone numbers, your home address, e-mail address, and DSU ID number.

I LOG

A. HOURS

Tuesday	Sept. 7:	8:30-12:30; 1-5:15	8 ¼	
Wednesday	Sept. 8:	10-12; 1-7:30	8 ½	
Friday	Sept. 10:	8:45-1:30	4 ¾	21 ½
Tuesday	Sept. 14:	8:00-12:30; 1-3:30:00	6 ½	
Wednesday	Sept. 15:	8:00-2; 5:00-7:30	8 ½	
Friday	Sept. 17:	9:00-12:00;	3	18
Total Hours for the two weeks (keep time to closest quarter hour)				39 ½

B. DAILY SUMMARY

Tuesday, 9/7: I went to a court hearing in ____town, about 60 miles away. (A lot of time is spent in traveling.) I was really interested in how this process works and the attention paid to each person (the biological mother and the child; no one has been able to locate the father).

Wednesday, 9/8: I observed an intake interview conducted by my supervisor. I reviewed intake paperwork. I went with my Field Instructor to talk about this morning's interview. The team conference was interesting, but I am still confused about how to approach this client.

Friday, 9/10: I spent most of the day reading case records and learning about the required paperwork. I phoned several day care centers to find a space (finally did). I observed a group session. I was impressed with how the facilitator was able to encourage the group members to share. I'm finding that how something is said does make a difference in how the client responds.

NOTES may be in a separate section or be included above (in the Daily Summary): This section of the log is to be in narrative form and should be specific. Refer also to the objectives of the log; see the Field Manual. Typical areas to be included are:

- Your own feelings, attitudes and responses to the needs, problems and concerns of citizens in need of social services as well as your feelings (including anxiety, uncertainties, and confusion) toward supervision, cases, etc., and how they are handled;

- Assessment of your feelings about your field experiences;
- Contacts with community person(s), other professional contacts; staff meetings;
- Points of interest, insights, etc. relating to practice skills and techniques;
- Significant learning experiences (e.g., seminar, consultation, book or article);
- Integration of social work theories, principles, and concepts into the practicum;
- Awareness of social problems in the community, their impact and cost to society, and the attitudes and means used to address the problems; and
- Questions or concerns that you would like your Faculty Field Liaison to address.

II SUMMARY OF LEARNINGS

(NOTES: Your reviewing the Performance Evaluation Checklist in the Manual may help you to identify pertinent areas. Use additional pages, if necessary.)

A. WHAT I LEARNED - KNOWLEDGE (i.e., procedures, agency services and policies, theory becoming "alive".)

How to write an evaluation and to conduct a home visit
 How to terminate a file after client is discharged
 How to report child abuse
 Procedure for verifying income
 Ways of conducting a team meeting
 Ways of participating in a court hearing
 Details about agency services
 Family roles (typical of alcoholic family system)
 Normal responses to grief

B. WHAT I DID - SKILLS (From beginning to advanced.)

Wrote several reports
 Used interviewing skills, especially clarifying and reassuring
 Role modeled (hearing and reflecting client's view)
 Taught parenting class
 Demonstrated leadership

(Check all that apply)

	Site Visit	Phone Contact	Read About	Discussed w/ Client
C. <u>COMMUNITY RESOURCE KNOWLEDGE</u>				
(name the specific resource)				
Family Service League		X		
Big Brothers			X	X
Food Bank			X	X

Allen Hospital Chemical
AA Dependency Program X
Police Department X

D. WORK PRODUCT (Written reports; not notes of interviews.)

2 intakes
2 psychosocial history/assessments
1 summary
2 follow up letters after clients were referred

E. CLIENT CASELOAD (A=Assigned; C=co-signed; D=discharged.)

(Use initials of each client, e.g., JGM (A)).

State your role/goal in one sentence.)

ABC (A) intake and referral

CDE (A) case manager

FGH (A) husband dying; primarily worked with wife

IJK (D) referred to outpatient treatment program; client has followed through with referral

LMN (A) taught youth more effective communication skills

III REFLECTIONS

A. How has my learning progressed since the previous log was submitted?

B. How have conferences with the agency Field Instructor/supervisor been useful?

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Bi-weekly Timesheet/Field Placement Activity Form

****Note: This is REQUIRED and will be collected at the end of each semester.**

Student's Name: *(please type or print)* _____

Name of Agency/Organization: _____

Agency Field Instructor/Task Supervisor

Department Field Supervisor/Faculty Field Liaison

1. **Insert** the number of hours & dates you worked at your placement site during this two-week period.

Month /Yr.	Days and Dates (<i>Place number of hours worked in parenthesis</i>)							Total
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Week 1	Hrs. Date ()	Hrs. Date ()	Hrs. Date ()	Hrs. Date ()	Hrs. Date ()	Hrs. Date ()	Hrs. Date ()	
Week 2	Hrs. Date ()	Hrs. Date ()	Hrs. Date ()	Hrs. Date ()	Hrs. Date ()	Hrs. Date ()	Hrs. Date ()	
Total								

2. **Reason** for any absences, if any, during this two-week period: (*Indicate relevant date & reason*)

Date	Reason for Absence

I certify, to the best of my knowledge, that the information that I have listed above is true.

Signature of Student: _____ Date _____

All individuals involved in the supervision of the field practicum complete this section:

I certify that the student listed above has been involved in the activities listed and worked the total number of hours indicated above at my agency.

Field Instructor Signature: _____ Date _____

I certify that I have reviewed the information listed above and have discussed the document, including any irregularities with the student:

Signature of Department of Social Work Field Supervisor/Liaison _____ Date _____

Michelle Strong Vignette

Michelle Strong is a 25 year old married white female who is a full-time student at the University of Maryland School of Social Work, Baltimore. Before entering the MSW Program, Michelle worked for one year as a case manager with adults with mild mental retardation. Her field placement is at the Alpha Hospital, with her time split between the Cancer Center and an adult medical unit. This is her first experience working in a hospital system. Alpha Hospital is a large medical center whose social workers are integral to providing patient care. Among their duties, social workers in this hospital collaborate with doctors and nurses in coordinating patient care, provide information and counseling to families and patients around illness, run support groups, provide resource and referral information, and help patients plan for discharge.

Michelle is in the process of developing a good understanding of the complex hospital system and the role of the social work department. She demonstrates an interest in learning, often asking her field instructor for additional articles or books to read. She likes to prepare for interviews by having a clear idea of what potential problems she might encounter before she actually meets a new client. On several occasions, her field instructor suggested role playing an interview with a client and Michelle has readily agreed. One of the role plays Michelle and her field instructor practiced involved talking with Mr. Z, an elderly male patient, about the recommendation that he enter an assisted living facility upon discharge from the hospital. Michelle's focus in the role play was on how to handle Mr. Z's resistance to this discharge plan (her greatest fear). During the actual interview, however, when Mr. Z was quite depressed rather than resistant, Michelle was unable to "switch gears". In discussing the interview with her field instructor, Michelle was very anxious about what she saw as her lack of skill and worried that she might have made Mr. Z feel worse by asking "clumsy questions" and not having "good advice" to give him.

In recent supervisory meetings, Michelle revealed that despite caring about her clients and trying to help them, she sometimes is confused about what really does help. During some interviews she leaves feeling that she has failed because she hasn't been able to say or do the right thing. The attached process recording of Michelle's interview with Deborah B. followed a supervisory meeting during which Michelle frequently asked her field instructor if what she said or did in interviews with several of her clients was "all right".

Michelle Strong's Process Recording

Client: Deborah B., a 45-year old divorced African- American female, employed as an administrative assistant

Agency: Cancer Center at Alpha Hospital

Purpose of Interview: First interview, assess how client is coping with recent diagnosis of leukemia

Presenting Issues: Recent leukemia diagnosis; explore need for services

***Never use the client's actual name in the process recordings due to confidentiality**
Must be typed and 3 to 4 pages long. Do not double space.*

Dialogue	Gut Feelings	Analysis	Field Instructor's Comments
<p>Michelle (social work intern) Excuse me. Are you Ms. B?</p>	<p>Ms. B was sitting in her hospital bed when I arrived. She was paging through a hospital pamphlet about starting chemotherapy.</p>		
<p>Deborah B. (client) (She looked up from her pamphlet when I came in). Yes.</p>			
<p>Intern: Hello, My name is Michelle Strong. I'm a social work intern at Alpha Hospital. How are you today?</p>	<p>I feel strange talking to someone who is in bed.</p>		
<p>Client: Not too well. I've been talking to a lot of people today. Why are you here?</p>	<p>Ms. B does not seem pleased to see me.</p>		
<p>Intern: Well, the Social Work department here at Alpha Hospital helps patients with any problems they might have in relation to being in the hospital. For example, we can tell you about programs here in the hospital or support</p>		<p>It is import to explain the social work role to Ms. B.</p>	

groups for your family or community resources if you need them.			
Client: I have no idea what I need right now. I'm not feeling well. (Pause) My doctor told me last week that I have leukemia. I still can't quite believe it. When I try to tell my friends about being sick, it doesn't feel real.	Good – she has friends to talk to.		
Intern: So you were surprised by your diagnosis?	I'd be surprised!		
Client: Well, I'd been feeling tired and sick a lot lately but I never thought that I had something like...this. I thought maybe I had mononucleosis or the flu.			
Intern: How do you feel about knowing the real reason for your symptoms?			
Client: I don't know. I just know I'll have to cope with it somehow.			
Intern: Some people feel relief at knowing what's wrong with them.	I think that's how I'd feel.		
Client: I definitely do not feel relieved. (She looked right at me when she said this).	Uh-oh. I think I annoyed her.		
Intern: I see you were reading a pamphlet explaining what to expect with chemotherapy. That's		I switched the topic here so I could back up and start where the client is. She was reading the	

great. Some patients don't have any idea what chemotherapy is like. I think it's a good idea to learn as much as you can so you'll feel more in control of your situation.		chemotherapy pamphlet when I came into the room.	
Client: I'm scheduled to have my first chemotherapy session tomorrow. I've been looking through this pamphlet but I can't seem to focus.			
Intern: I understand. It must be hard to be told that you have a serious illness.	I feel empathy for Ms. B.		
Client: Well, I'm not sure I really believe it yet.			
Intern: Do you have any family members or friends who can give you emotional support right now?		She definitely needs support and I need to help her explore her support system.	
Client: I'm divorced but I have a daughter who's 23. She and I are very close.			
Intern: Does your daughter live Baltimore?			
Client: She lives in Towson but it's only about 20 minutes from my home.			
Intern: I can give you information about family support groups. Maybe your daughter would like to attend one to find out more about your illness.			

<p>Client: I don't know how I'm even going to tell my daughter about this. She'll be so worried about me. She's traveling with her job right now and I won't be about to talk to her until tonight.</p>			
<p>Intern: Do you have any other children?</p>		<p>I'm trying to find out if there are other people she can count on.</p>	
<p>Client: No. Serena is my only child. That's the one reason we've been so close. We just have each other. (Ms. B got very quiet and looked out the window.)</p>	<p>I thought Ms. B might be crying and didn't want me to see.</p>		
<p>Intern: Would you like to be alone?</p>			
<p>Client: (She spoke in a whisper.) If anything happened to me, I don't know what Serena would do.</p>			
<p>Intern: Ms. B., the Social Work Department wants to help you and your family anyway we can. One thing that might help would be for you and your daughter to go to a family support group together. You could get ideas about how other people have handled this problem.</p>		<p>I need to get back to why I am here.</p>	
<p>Client: I'm getting very tired now. It's been a difficult day.</p>	<p>Anyone would feel tired after what she's been through. Maybe I've taxed her strength even</p>		

	more by staying too long.		
Intern: I'll just leave this information about available services here with you. You can look at them whenever you're ready.			
Client: Thank you. I really need to rest now.			
Intern: I hope I haven't taken up too much of your time. I'll stop by tomorrow to see how your conversation with your daughter went, if that's OK with you.		Follow-up is important.	
Client: I'm having my first chemotherapy treatment tomorrow and I'm not sure how I'll feel afterwards.			
Intern: I'll just stop by and if you're too tired, I'll leave. OK?		This approach gives her more control.	
Client: All right. But I really don't think I'll be feeling very good.			
Intern: I understand. I hope your talk with your daughter and your chemotherapy go well. Good-bye			