

Job Shadowing Practicum Daily Record

Student's Name _____ Date of Observation _____

Each day that you shadow a professional in your field of interest, you must document your observations in the table below. Briefly describe the duty or responsibility that you observe according to the times indicated. Write "P" if you were in any way permitted to participate in the activity or "NP" if you were not. Also, indicate your preference for the activity using "L" (Liked) or "D" (Disliked).

Time	Duty/Responsibility	P/NP	L/D
8:00 AM - 8:30 AM			
8:30 AM - 9:00 AM			
9:00 AM - 9:30 AM			
9:30 AM - 10:00 AM			
10:00 AM - 10:30 AM			
10:30 AM - 11:00 AM			
11:00 AM - 11:30 AM			
11:30 AM - 12:00 PM			
12:00 PM - 12:30 PM			
12:30 PM - 1:00 PM			
1:00 PM - 1:30 PM			
1:30 PM - 2:00 PM			
2:00 PM - 2:30 PM			
2:30 PM - 3:00 PM			
3:00 PM - 3:30 PM			
3:30 PM - 4:00 PM			
4:00 PM - 4:30 PM			
4:30 PM - 5:00 PM			

Student Signature Date

Supervisor Signature Date