

PCI HEALTH TRAINING CENTER
PSYCHIATRIC ASSISTANT/LCDC
PRACTICUM/EXTERNSHIP ATTENDANCE AND PROGRESS REPORT

Student: _____ SSN: _____ DOB: _____

Practicum/Externship Facility: _____

Address: _____ City, St., Zip: _____

Telephone: _____ Supervisor Name & Title: _____

NOTE: 300 HOURS ARE REQUIRED TO COMPLETE YOUR PRACTICUM/EXTERNSHIP

Week #: _____ Total Hrs. This Week: _____ Hours Remaining: _____

ATTENDANCE RECORD				
Day	Date (Mo/Day/Yr)	Time In	Time Out	Total Hours
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Total Hours This Week				

PROGRESS REPORT

Rating: Excellent: _____ Good: _____ Satisfactory: _____ Needs Improvement: _____

Comments: _____

Signature of Supervisor: _____ Date: _____

Signature of Student: _____ Date: _____

IMPORTANT: Deliver or fax this form to PCI no later than Friday of every week

Fax Number: 214-630-1002