**Shawnee Community College OTA Program**

**Job Shadowing Time Log**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_

In-Person Hours:

|  |  |  |  |
| --- | --- | --- | --- |
| ***Setting #1: 4-Hour Minimum Requirement*** | | | |
| ***Facility Name:*** | | | |
| ***Setting Type:*** | | | |
| ***Supervisor Name:*** | | | |
| ***Supervisor Title:*** | | | |
| **Date:** | **Time In:** | **Time Out:** | **Total Time:** |
|  |  |  |  |
|  |  |  |  |
| Student Signature: | | | |
| Supervisor Signature: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| ***Setting #2: 4-Hour Minimum Requirement*** | | | |
| ***Facility Name:*** | | | |
| ***Setting Type:*** | | | |
| ***Supervisor Name:*** | | | |
| ***Supervisor Title:*** | | | |
| **Date:** | **Time In:** | **Time Out:** | **Total Time:** |
|  |  |  |  |
|  |  |  |  |
| Student Signature: | | | |
| Supervisor Signature: | | | |

Virtual Hours:

|  |  |  |  |
| --- | --- | --- | --- |
| Video | Title | Length | Author |
| Video #1 |  |  |  |
| Video #2 |  |  |  |
| Video #3 |  |  |  |
| Video #4 |  |  |  |
| Video #5 |  |  |  |
| Video #6 |  |  |  |
| Video #7 |  |  |  |
| Video #8 |  |  |  |
| Video #9 |  |  |  |
| By signing below, you are agreeing you watched each of these videos in their entirety. | | | |
| Student Signature: | | | |