

Agency Verification of  
Hours



Department of  
Human Services  
UNIVERSITY of ALASKA ANCHORAGE

Due 8th Week of Semester

Date: \_\_\_\_\_ Semester: \_\_\_\_\_ Circle one:    I    II    III

Practicum Instructor Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Field Supervisor Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Student has completed \_\_\_\_ hours of experiential learning as documented on the practicum log form.

Student is progressing satisfactorily     Yes     No

Field Supervisor Signature: \_\_\_\_\_

Comments:

Due to the progressive nature of skill development, agency hours shall be evenly completed throughout the semester with approximately 8-10 hours of experiential learning per week. Students who have not completed 40% (approximately 50hrs) of their agency times by the 8th week of class are at-risk for faculty-initiated withdrawal. Agency Verification of Hours is required (Student Handbook, p. 26).