**MA MUSIC THERAPY PROFESSIONAL PRACTICE PLACEMENT ATTENDANCE RECORD**

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| --- | --- | --- | --- | --- | --- | --- |
|  | Day | Date | Hours on site | Hours off site (up to 2 can be claimed) | Absence/sickness | Signature  |
| TRAINEENAME |  |  1 |  |  |  |  |  |
|  2 |  |  |  |  |  |
|  3 |  |  |  |  |  |
|  4 |  |  |  |  |  |
|  5 |  |  |  |  |  |
| PLACEMENT |  |  6 |  |  |  |  |  |
|  7 |  |  |  |  |  |
|  8 |  |  |  |  |  |
|  9 |  |  |  |  |  |
| 10 |  |  |  |  |  |
| PLACEMENT SUPERVISOR’S NAME |  | 11 |  |  |  |  |  |
| 12 |  |  |  |  |  |
| 13 |  |  |  |  |  |
| 14 |  |  |  |  |  |
| 15 |  |  |  |  |  |
| CLINICAL SEMINAR LEADER’S NAME |  | 16 |  |  |  |  |  |
| 17 |  |  |  |  |  |
| 18 |  |  |  |  |  |
| 19 |  |  |  |  |  |
| 20 |  |  |  |  |  |
| PERSONAL TUTOR’S NAME  |  | 21 |  |  |  |  |  |
| 22 |  |  |  |  |  |
| 23 |  |  |  |  |  |
| 24 |  |  |  |  |  |
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