

CCLO-3410: Practice Education Weekly Summary

To be completed by student and given to Health Authority Practice Education Coordinator weekly

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| Student | |
| Week Beginning Date: | |

| Weekly Activity Summary | | | | | |
|---|------------------------|------------------|-------|-------|---------------|
| Activity | Count for Each Setting | | | | Key Learnings |
| | Child Care | Residential Care | Other | Total | |
| Assess Application | | | | | |
| Draft Follow-up to Incident Report | | | | | |
| Participate in Routine Inspection | | | | | |
| Draft Inspection Report | | | | | |
| Draft Recommendation for Exemption and/or Temporary Placement/Retention | | | | | |
| Participate in a Risk Assessment | | | | | |
| Draft Risk Assessment Report | | | | | |
| Participate in Staff Meeting | | | | | |
| Participate in Public Outreach Event | | | | | |
| Other: | | | | | |
| Other: | | | | | |