



Name of Student Trainee: _____

Name of Company: _____

ON-THE-JOB TRAINING / PRACTICUM JOURNAL

DAY	DATE	NATURE OF ACTIVITY	NO. OF WORKING HRS.	SKILLS AND KNOWLEDGE USED	Evaluation of Week's Experiences that were beneficial to your pre- professional development:
Mon					
Tues					
Wed					
Thurs					
Fri					
Sat					
Sun					

Total No. of Hours: _____

Cerified By:

OJT SUPERVISOR