**Report of the Professional & Practical Assessment Traineeship**

**DAILY TIME SHEET**

(Surname, Name, ID number of the Trainee)

| **COMPANY/ORGANIZATION** |  |
| --- | --- |
| **INTERNSHIP LOCATION** |  |
| **PSYCHOLOGIST COMPANY TUTOR** |  |

| **DATE** | **MORNING** | | **AFTERNOON** | | **DAILY HOURS** | In presence | Smart working | Transfer | **SUMMARY OF ACTIVITIES CARRIED OUT** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Start time** | **End Time** | **Start time** | **End Time** |  |
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|  | *Hours worked*  *(per sheet)* | | | |  |  |  |  |  |

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*Signature of the Intern*   *Signature of the Psychologist Company Tutor*

***The PSYCHOLOGIST TUTOR needs to fill in the following:***

The report certifies a total of ……..hours

***NOTES***

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*Signature of the Psychologist Company Tutor* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_