

CSUN SOCIAL WORK PROGRAM

Student Educationally-Based Recording Log

Student name _____

Semester/Year _____

#	Case Name/I.D.*	Type of Recording	Date Submitted**	Date Discussed	Student Signature	Field Instructor Signature
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*Please give your clients a pseudonym, use a code or initials to protect anonymity.

It is the responsibility of the student to complete the required # of recordings and to obtain the signature of the Field instructor.