CSULB, SCHOOL OF SOCIAL WORK

Student Educationally-Based Recording Log

**Student name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester/Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **#** | **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.**