

LIU Post
College of Education, Information & Technology
Department of Health, Physical Education & Movement Science

DAILY AND WEEKLY TIME SHEET

Student Name _____ Week of: _____ to _____
 Cooperating Teacher _____ School: _____

	NUMBER OF HOURS IN ACTUAL TEACHING	NUMBER OF HOURS IN OBSERVATIONS	NUMBER OF HOURS IN OTHER ACTIVITIES
<u>CUMULATIVE HOURS TO DATE:</u> <i>(AMOUNT OF HOURS FROM PRIOR WEEK)</i>			
Monday			
Date: _____			
Tuesday			
Date: _____			
Wednesday			
Date: _____			
Thursday			
Date: _____			
Friday			
Date: _____			
<u>CUMULATIVE HOURS TO DATE:</u> <i>(AMOUNT OF HOURS, INCLUDING THIS WEEK. CARRY THESE HOURS OVER INTO NEXT WEEK'S INITIAL CUMULATIVE HOURS.)</i>			

STUDENT TEACHER'S SIGNATURE

COOPERATING TEACHER'S SIGNATURE