

MONTHLY ATTENDANCE RECORD

This report must be filled in by you and signed by both you and your cooperating teacher. This will be used as part of your attendance verification needed for successful course completion.

Month: _____

M		T		W		Th		F		Weekly Total	
Time In	Time Out	Time In	Time Out	Time In	Time Out	Time In	Time Out	Time In	Time Out	Hr.	Min.

Total Hours for Month: _____

Signature of Cooperating Teacher

Signature of Student

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