

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 for successful course completion.

Month: _____

	Monday		Tuesday		Wednesday		Thursday		Friday		
Week Dates:	Time IN	Time OUT	Time IN	Time OUT	Time IN	Time OUT	Time IN	Time OUT	Time IN	Time OUT	Weekly TOTAL:

TOTAL hours for the month: _____

Signature of Cooperating Teacher _____

Signature of Student _____

Month: _____

	Monday		Tuesday		Wednesday		Thursday		Friday		
Week Dates:	Time IN	Time OUT	Time IN	Time OUT	Time IN	Time OUT	Time IN	Time OUT	Time IN	Time OUT	Weekly TOTAL:

TOTAL hours for the month: _____

Signature of Cooperating Teacher _____

Signature of Student _____

Month: _____

	Monday		Tuesday		Wednesday		Thursday		Friday		
Week Dates:	Time IN	Time OUT	Time IN	Time OUT	Time IN	Time OUT	Time IN	Time OUT	Time IN	Time OUT	Weekly TOTAL:

TOTAL hours for the month: _____

Signature of Cooperating Teacher _____

Signature of Student _____