

Student Teacher Attendance Sheet (Weeks 1 – 10)

Student Teacher Name _____ **Semester** _____

Cooperating Teacher Name _____ **School:** _____

Week	Date	# Hours	Present/P Absent/A Tardy/T	Cooperating Teacher Initials	Cooperating Teacher Comments
Week 1					Week 1:
Week 2					Week 2:
Week 3					Week 3:
Week 4					Week 4:
Week 5					Week 5:

Student Teacher Attendance Sheet (Weeks 1 – 10)

Week	Date	# Hours	Present/P Absent/A Tardy/T	Cooperating Teacher Initials	Cooperating Teacher Comments
Week 6					Week 6:
Week 7					Week 7:
Week 8					Week 8:
Week 9					Week 9:
Week 10					Week 10:

Signature of the Cooperating Teacher: _____ **DATE:** _____

Further Comments: Email clinical.practice@lehman.cuny.edu

STUDENTS: You must provide written documentation if absences were due to illness or a family emergency; SUBMIT TIMESHEET ON TASKSTREAM!