



# Student Teacher Attendance Sheet (Weeks 1 – 7)

Student Teacher Name \_\_\_\_\_ Semester \_\_\_\_\_

Cooperating Teacher Name \_\_\_\_\_ School: \_\_\_\_\_

Week	Date	# Hours	Present/ Absent/A Tardy/T	Cooperating Teacher Initials	Cooperating Teacher Comments
PREP-Week					Prep-Week (only if applicable):
Week 1					Week 1:
Week 2					Week 2:
Week 3					Week 3:
Week 4					Week 4:

## Student Teacher Attendance Sheet (Weeks 1 – 7)

Week	Date	# Hours	Present/P Absent/A Tardy/T	Cooperating Teacher Initials	Cooperating Teacher Comments
Week 5					Week 5:
Week 6					Week 6:
Week 7					Week 7:

**Signature of the Cooperating Teacher:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Further Comments: Email [clinical.practice@lehman.cuny.edu](mailto:clinical.practice@lehman.cuny.edu)  
**STUDENTS: You must provide written documentation if absences were due to illness or a family emergency; SUBMIT TIMESHEET ON TASKTREAM!**