

Student Teacher Attendance Sheet (Weeks 8 – 14)

Student Teacher Name _____ **Semester** _____

Cooperating Teacher Name _____ **School:** _____

Week	Date	# Hours	Present/P Absent/A Tardy/T	Cooperating Teacher Initials	Cooperating Teacher Comments
Week 8					Week 8:
Week 9					Week 9:
Week 10					Week 10:
Week 11					Week 11:
Week 12					Week 12:

Student Teacher Attendance Sheet (Weeks 8 – 14)

Week	Date	# Hours	Present/P Absent/A Tardy/T	Cooperating Teacher Initials	Cooperating Teacher Comments
Week 13					Week 13:
Week 14					Week 14:

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!