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| --- |
| **Educator Preparation Program – Cumulative Time Card** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| C:\Users\gerry.magallan\Desktop\rioplogo.jpg | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Semester:** | | Fall | Spring | |  |  | |  | |  |  | |  |  | | **Year:** |  | | |  | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **STUDENT INFORMATION** | | | | | | |
| Student Name: | |  | Student ID: | |  |  |
|  |  | | |  | | |
| **Specialization: (choose one)**   |  |  |  | | --- | --- | --- | | Elementary | Early Childhood | Special Education | | \*Secondary : Indicate Content | | | | \*\*K-12 Arts: Choose One   |  |  |  |  | | --- | --- | --- | --- | | * Music | * Art | * Dance | * Drama | | | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PLACEMENT INFORMATION** | | |  | | |
| District: |  | | School: |  | |
| Supervising Practitioner: | |  | Program Supervisor: | |  |

(if applicable)



(Double-click cell to input hours)

|  |  |
| --- | --- |
| Total Days Absent |  |
| I certify that the above information is correct. | | | | | | Date: | |  |  | |
|  | | | | | | |  |  |  | |
|  | | |  |  | | |  | |  |  |
| Student Teacher’s Signature | | |  | Date |  | | Supervising Practitioner | |  | Date |