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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
 |

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|  |  |
| --- | --- |
| **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 |