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| **Educator Preparation Program – Weekly Time Card** |

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| --- | --- |
| Student Name: |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| C:\Users\gerry.magallan\Desktop\rioplogo.jpg |

|  |  |  |
| --- | --- | --- |
| Week: |  |  |
|  |  |  |  |
| Dates: |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | **Sun** | **Weekly Totals** |
| Observation |  |  |  |  |  | N/A | N/A |  |
| Teaching Time |  |  |  |  |  | N/A | N/A |  |
| Preparation |  |  |  |  |  |  |  |  |
| Consultation with Supervising Practitioner |  |  |  |  |  |  |  |  |
| Related Activities |  |  |  |  |  |  |  |  |
| Total # of Hours |  |  |  |  |  |  |  |  |

*(Transfer weekly totals to cumulative time card)*

Blanks in all columns for a particular day will indicate an absence. Please complete the section below to document your reason for your absence. Please be sure you are following the student teaching policy regarding making up missed days.

Date of Absence and Reason for missing:

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| --- | --- | --- | --- |
|  |  |  |  |
| Student Teacher’s Signature |  | Date |  |
|  |  |  |  |
|  |  |  |  |
| Supervising Practitioner’s Signature |  | Date |  |

**You may submit this form by email weekly to the Program Supervisor.**