

**LAKE AREA TECHNICAL INSTITUTE  
PHYSICAL THERAPIST ASSISTANT PROGRAM  
CLINICAL AFFILIATION, I, II, III, (Circle appropriate number)**

**STUDENT TIME SHEET**

Name \_\_\_\_\_

Date	Day	In	Out	In	Out	In	Out	Total Hours	CI Initials
	M								
	T								
	W								
	Th								
	F								
	S								
	S								

Week 1

Weekly Total

Date	Day	In	Out	In	Out	In	Out	Total Hours	CI Initials
	M								
	T								
	W								
	Th								
	F								
	S								
	S								

Week 2

Weekly Total

Date	Day	In	Out	In	Out	In	Out	Total Hours	CI Initials
	M								
	T								
	W								
	Th								
	F								
	S								
	S								

Week 3

Weekly Total

Date	Day	In	Out	In	Out	In	Out	Total Hours	CI Initials
	M								
	T								
	W								
	Th								
	F								
	S								
	S								

Week 4

Weekly Total

Date	Day	In	Out	In	Out	In	Out	Total Hours	CI Initials
	M								
	T								
	W								
	Th								
	F								
	S								
	S								

Week 5

Weekly Total

Date	Day	In	Out	In	Out	In	Out	Total Hours	CI Initials
	M								
	T								
	W								
	Th								
	F								
	S								
	S								

Week 6

Weekly Total

Clinical Instructor (CI) Signature \_\_\_\_\_ Initials \_\_\_\_\_

Printed Name \_\_\_\_\_