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

STUDENT TIME SHEET

Date	Day	In	Out	In	Out	In	Out	Total Hours	CI Initials
	T M								
	W								
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Week 1					1	W	eekly Total		
Date	Day	In	Out	In	Out	In	Out	Total Hours	CI Initials
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Week 2	S		<u> </u>			W.	l Veekly Total		
Date	Day	In	Out	In	Out	In	Out	Total Hours	CI Initials
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Week 5	S					<u>u</u>	 Teekly Total		
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Week 6	S						7. 11. 69.4.1		
wеек b						W	eekly Total		
linical Instructor (CI) Signature							Initials		
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