## LAKE AREA TECHNICAL COLLEGE PHYSICAL THERAPIST ASSISTANT PROGRAM

## STUDENT CLINICAL AFFILIATION TIME SHEET

CLINICAL AFFILIATION I  $\square$  II  $\square$  III  $\square$  (Mark One)

Out

In

Out

Total

CI

In

Name:

Date

Day

In

Out

							Hours	Initials
M								
Т								
W								
Th								
F								
S								
S								
					We	 ekly Total		
Day	In	Out	In	Out	In	Out	Total	
		Out		Out	111	Out	Hours	CI Initials
W								
Th								
F								
S								
S								
					Wed	ekly Total		
Day	In	Out	In	Out	In	Out	Total	CI Initials
M							Hours	Illitiais
Т								
W								
Th								
F								
S								
S								
	W Th F S S S  Day M Th F S S Th W Th Th W Th	T W Th F S S S  Day In W Th F S S S Th W Th F S S Th F S Th F S Th T W Th F T T T T T T T T T T T T T T T T T	T W Th F S S S  Day In Out M Th F S S S  Th W Th F S Th F S Th F T W Th F T W Th F T T T T T T T T T T T T T T T T T	T	T	T	T	M

Date	Day	In	Out	In	Out	In	Out	Total Hours	CI Initials
	M								
	T								
	W								
	Th								
	F								
	S								
	S								
Veek 4						We	ekly Total		
Date	Day	In	Out	In	Out	In	Out	Total Hours	CI Initial
	M							110415	
	Т								
	W								
	Th								

Week 5

F

S

S

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

Week 6 Weekly Total

Date	Day	In	Out	In	Out	In	Out	Total Hours	CI Initials	
	M									
	Т									
	W									
	Th									
	F									
	S									
	S									
Week 7	Week 7 Weekly Total									
						To	otal Hours			
Clinical Instru	Clinical Instructor (CI) Signature Initials									
Printed Name										