

LAKE AREA TECHNICAL COLLEGE  
 PHYSICAL THERAPIST ASSISTANT PROGRAM  
**STUDENT CLINICAL AFFILIATION TIME SHEET**

CLINICAL AFFILIATION    I  II  III  (Mark One)

**Name:** \_\_\_\_\_

Date	Day	In	Out	In	Out	In	Out	Total Hours	CI Initials
	M								
	T								
	W								
	Th								
	F								
	S								
	S								
<b>Week 1</b>								<b>Weekly Total</b>	

Date	Day	In	Out	In	Out	In	Out	Total Hours	CI Initials
	M								
	T								
	W								
	Th								
	F								
	S								
	S								
<b>Week 2</b>								<b>Weekly Total</b>	

Date	Day	In	Out	In	Out	In	Out	Total Hours	CI Initials
	M								
	T								
	W								
	Th								
	F								
	S								
	S								
<b>Week 3</b>								<b>Weekly Total</b>	

Date	Day	In	Out	In	Out	In	Out	Total Hours	CI Initials
	M								
	T								
	W								
	Th								
	F								
	S								
	S								
<b>Week 4</b>								<b>Weekly Total</b>	

Date	Day	In	Out	In	Out	In	Out	Total Hours	CI Initials
	M								
	T								
	W								
	Th								
	F								
	S								
	S								
<b>Week 5</b>								<b>Weekly Total</b>	

Date	Day	In	Out	In	Out	In	Out	Total Hours	CI Initials
	M								
	T								
	W								
	Th								
	F								
	S								
	S								
<b>Week 6</b>								<b>Weekly Total</b>	

Date	Day	In	Out	In	Out	In	Out	Total Hours	CI Initials
	M								
	T								
	W								
	Th								
	F								
	S								
	S								
<b>Week 7</b>								<b>Weekly Total</b>	
								<b>Total Hours</b>	

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

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