

# COOPERATIVE EDUCATION

## Lane Community College Physical Therapist Assistant Program

### SAIF ATTENDANCE REPORT FORM

Name:

Course/CRN:

Term/Year:

Clinical Site:

Clinical Instructor:

Date:

**Directions:** Enter all dates and hours worked at your clinical site under supervision of your Clinical Instructor. Do not include study/practice time outside of normal business hours. Use decimal points up to two places to record minutes (i.e. 6.25 for 6 hours and 15 minutes.) Totals should automatically calculate. Upon completion, have this form (electronically) signed by your Clinical Instructor and e-mail it directly to your ACCE by no later than the end of **Week 10**.

<u>DATE WORKED</u>	<u>HOURS WORKED</u>	<u>TOTAL</u>	<u>DATE WORKED</u>	<u>HOURS WORKED</u>	<u>TOTAL</u>
TOTAL HOURS WORKED:					

Clinical Instructor's Signature: