

PRACTICUM HOURS ATTENDANCE FORM

Student Name: _____

Dragon ID: _____ Student Email: _____

Cooperating Teacher: _____

Record the date and time every day that you are in the classroom. Your cooperating teacher must initial your hours daily. **Your Cooperating teacher must sign this form prior to you uploading it into TK20. This form will NOT be accepted without a signature!**

Date	Time of Day	Amount of Time	Teacher Initials

Total Hours:

Cooperating Teacher Signature: _____ Date: _____