

**Columbia Gorge Community College EEFS  
Practicum Time Sheet**

**Student Name:** \_\_\_\_\_ **Term:** \_\_\_\_\_

**Practicum Site:** \_\_\_\_\_

**Week of:** \_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday
Time in					
Time out					
Total hours each day					

**Week of:** \_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday
Time in					
Time Out					
Total hours each day					

**Week of:** \_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday
Time in					
Time out					
Total hours each day					

**Week of:** \_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday
Time in					
Time out					
Total hours each day					

Please add your signature below, ask your mentor teacher/site supervisor to sign and turn the timesheet into your practicum instructor.

\_\_\_\_\_ Student

\_\_\_\_\_ Mentor Teacher/Site Supervisor

\_\_\_\_\_ Practicum Instructor