

**JSCC PTA Clinical Education Hours Documentation**      Clinical Site: \_\_\_\_\_  
**Student Name** \_\_\_\_\_

Week 1 Dates:	Time-in	Time-out	Daily Hours	CI initials	Week 2 Dates:	Time-in	Time-out	Daily Hours	CI initials
Monday					Monday				
Tuesday					Tuesday				
Wednesday					Wednesday				
Thursday					Thursday				
Friday					Friday				
Days Missed		CI's Signature: _____			Days Missed		CI's Signature: _____		
Hours Made Up					Hours Made Up				
Total Weekly Hours					Total Weekly Hours				

Week 3 Dates:	Time-in	Time-out	Daily Hours	CI initials	Week 4 Dates:	Time-in	Time-out	Daily Hours	CI initials
Monday					Monday				
Tuesday					Tuesday				
Wednesday					Wednesday				
Thursday					Thursday				
Friday					Friday				
Days Missed		CI's Signature: _____			Days Missed		CI's Signature: _____		
Hours Made Up					Hours Made Up				
Total Weekly Hours					Total Weekly Hours				

Week 5	Time-in	Time-out	Daily Hours	CI initials	Extra (as needed)	Time-in	Time-out	Daily Hours	CI initials
Monday					Monday				
Tuesday					Tuesday				
Wednesday					Wednesday				
Thursday					Thursday				
Friday					Friday				
Days Missed		CI's Signature: _____			Days Missed		CI's Signature: _____		
Hours Made Up					Hours Made Up				
Total Weekly Hours					Total Weekly Hours				