

## Timesheet

Ex. Mon.	Ex. 9/19	Ex. 4-7 p.m.	Ex. 3	Ex. Met with PTA- observed therapy sessions
Days	Date	Time	Total Hrs.	Documentation of Activities Completed
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

**Total Hrs. =**

Days	Date	Time	Total Hrs.	Documentation of Activities Completed
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

**Total Hrs. =**

Days	Date	Time	Total Hrs.	Documentation of Activities Completed
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

**Total Hrs. =**

Days	Date	Time	Total Hrs.	Documentation of Activities Completed
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

**Total Hrs. =**

**Total Hours Per Month:**

**Cumulative Hours:**

**Signature of Site Supervisor:**

**Additional Feedback (optional):**