

## Timesheet

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

**Total Hrs. =**

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

**Total Hrs. =**

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

**Total Hrs. =**

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

**Total Hrs. =**

**Total Hours Per Month:**

**Cumulative Hours:**

**Signature of Site Supervisor:**

**Additional Feedback (optional):**