

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. =

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Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

Total Hrs. =

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Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

Total Hrs. =

Total Hours Per Month:

Cumulative Hours:

Signature of Site Supervisor:

Additional Feedback (optional):