

INTERN I

TIME SHEET

Student Name:		Clinical Educator:	
Semester:		Field Supervisor:	
School:			

Week 1	Date		Start Time	End Time	Intern Initials	CT Initials
	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					

Week 2	Date		Start Time	End Time	Intern Initials	CT Initials
	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					

Week 3	Date		Start Time	End Time	Intern Initials	CT Initials
	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					

Week 4	Date		Start Time	End Time	Intern Initials	CT Initials
	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					

Week 5	Date		Start Time	End Time	Intern Initials	CT Initials
	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					

INTERN I

TIME SHEET

Week 6	Date		Start Time	End Time	Intern Initials	CT Initials
	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					

Week 7	Date		Start Time	End Time	Intern Initials	CT Initials
	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					

Week 8	Date		Start Time	End Time	Intern Initials	CT Initials
	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					

Week 9	Date		Start Time	End Time	Intern Initials	CT Initials
	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					

Week 10	Date		Start Time	End Time	Intern Initials	CT Initials
	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					

Week 11	Date		Start Time	End Time	Intern Initials	CT Initials
	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					

INTERN I

TIME SHEET

Week 12	Date		Start Time	End Time	Intern Initials	CT Initials
	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					

Week 13	Date		Start Time	End Time	Intern Initials	CT Initials
	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					

Week 14	Date		Start Time	End Time	Intern Initials	CT Initials
	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					

Week 15	Date		Start Time	End Time	Intern Initials	CT Initials
	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					

Week 16	Date		Start Time	End Time	Intern Initials	CT Initials
	Monday	<i>Exam Week - Do Not Report to Host School (unless advised/required to do so)</i>				
	Tuesday					
	Wednesday					
	Thursday					
	Friday					

Once your hours are complete you will need to upload this time sheet into your Internship I Binder on Tk20.

Clinical Educator Signature:		Date:	
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ATTENDANCE POLICY:

1. Intern I candidates are **NOT** permitted to miss school days for reasons other than illness or emergency, unless a request is made to the Director of Field Experiences **in advance and in writing**.
2. Regular **DAILY** attendance at the school is mandatory.
 - a. In the event of personal illness or extreme emergency, the Intern should notify both the clinical educator and the field/academic supervisor immediately, as early as possible **prior to the beginning of the school day (prior to 8:00 a.m.)**.
3. During Intern I, if an intern **misses more than TWO days**, the Director of Field Experiences will be notified, and the students will have to write an explanation and schedule a meeting to explain the reason(s) for the absences.
4. **The Intern must make up any missed days beyond TWO.** If there are not substantiated valid reasons (illness, family emergency, etc.) for the absences, then the field supervisor, clinical educator, program coordinator/department head, and Director of Field Experiences will develop an action plan for the student. If the intern fails to meet the established terms of the plan, s/he may be removed from the internship.
5. **INCLEMENT WEATHER:** Interns should follow the inclement weather policy of the school system to which they are assigned. If the school is closed, interns do not report. If it is an optional workday for teachers, the intern is expected to report to the school unless it is unsafe to do so.
 - a. At no time, should an intern put him-/herself in danger during adverse weather conditions. Interns should discuss any variation from this policy with their clinical educators and supervisors for prior approval.
6. If the intern intends to **request** approval for an absence that does not involve illness or an emergency, the clinical educator and field supervisor should be informed of the request in advance.
 - a. The request is made in writing to the Director of Field Experiences and must have the support of the clinical educator, field supervisor and academic supervisor.
 - b. The field/academic supervisor(s) and clinical educator must give written approval for an absence for a specific reason (professional conference, observation in another setting)