

Judith Herb College of Education Methods Attendance Form

Course _____ Semester/Year _____

Candidate _____ Rocket # _____

Cooperating Teacher _____ School _____

Indicate, in the space provided, the date and time in the classroom.

Date: 1/12/08
Time: 9a.m.-12p.m.

Week	Monday	Tuesday	Wednesday	Thursday	Friday	Weekly Hours
1	Date: Time:	Date: Time:	Date: Time:	Date: Time:	Date: Time:	
2	Date: Time:	Date: Time:	Date: Time:	Date: Time:	Date: Time:	
3	Date: Time:	Date: Time:	Date: Time:	Date: Time:	Date: Time:	
4	Date: Time:	Date: Time:	Date: Time:	Date: Time:	Date: Time:	
5	Date: Time:	Date: Time:	Date: Time:	Date: Time:	Date: Time:	
6	Date: Time:	Date: Time:	Date: Time:	Date: Time:	Date: Time:	
7	Date: Time:	Date: Time:	Date: Time:	Date: Time:	Date: Time:	
8	Date: Time:	Date: Time:	Date: Time:	Date: Time:	Date: Time:	
9	Date: Time:	Date: Time:	Date: Time:	Date: Time:	Date: Time:	
10	Date: Time:	Date: Time:	Date: Time:	Date: Time:	Date: Time:	
11	Date: Time:	Date: Time:	Date: Time:	Date: Time:	Date: Time:	
12	Date: Time:	Date: Time:	Date: Time:	Date: Time:	Date: Time:	
13	Date: Time:	Date: Time:	Date: Time:	Date: Time:	Date: Time:	
14	Date: Time:	Date: Time:	Date: Time:	Date: Time:	Date: Time:	
15	Date: Time:	Date: Time:	Date: Time:	Date: Time:	Date: Time:	
Total Hours:						

Signature: Cooperating Teacher

*Signature: Cooperating Teacher**

**If you have two cooperating teachers*