PRACTICUM HOURS ATTENDANCE FORM B

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dragon ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Record the date & time every day that you are in the classroom. Your cooperating teacher must initial your hours daily. **Your Cooperating teacher must sign this form prior to submitting it in TK20!**

**This form will NOT be accepted without a signature!!**

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| --- | --- | --- | --- |
| **Date** | **Time of Day** | **Amount of Time** | **Teacher Initials** |
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Midterm Hours:

(Transferred from Form A)

Form B Total:

Grand Total:­­­­

From BOTH A & B

MSUM Lommen Hall 1104 7th Ave S, Moorhead, MN 56563

Phone: 218.477.2217 Fax: 218.477.2561

Cooperating Teacher Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_