

Pennsylvania College of Technology

Physical Therapist Assistant Program

Clinical Education Time Sheet

Clinical Education I

WEEK/DATE	TUESDAY		THURSDAY		# OF HOURS/WK
	ARRIVAL TIME	DEPARTURE TIME	ARRIVAL TIME	DEPARTURE TIME	
1					
2					
3					
4					
5					
6					
7					
8					
TOTAL HOURS					

Student Name Printed: _____

Student Signature: _____

CI Signature: _____