

- ☐ GGUSD
☐ OUSD
☐ SAUSD

CTE Partnership Community Classroom Weekly Time Report

Date Due: _____

Student Name: _____ Student ID #: _____

Training Site/Employer: _____

Student: This time report must be signed by your manager/employer and turned in the following week to your teacher.

Skills I practiced this week:

1. _____

2. _____

Date								
Time (Ex. 3pm – 5pm)								
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Total Hrs.

 Training Site Supervisor Signature

 Date Signed

 Training Site Supervisor Print Name

Optional Comments: _____

Complete in Pen

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