☐ GGUSD ☐ OUSD ☐ SAUSD	СТЕ	CTE Partnership Community Classroom Weekly Time Report  Date Due:							
Student Name:	Student ID #:								
Training Site/Employer:									
Student: This tir							to your teacl	ner.	
Skills I practiced	-	0 ,	, , ,	. ,	_		•		
1									
2			T				T		
Date Time									
(Ex. 3pm – 5pm)	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Total Hrs.	
	141011	rucs	WCG	murs		Jut	3411	10tai 1113.	
Training Sit	e Supervisor S	Signature		Date Signed					
Training S	Site Supervisor	Print Name							
_	-								
Optional Comm	ents:			Complete in Po	 en				
<ul> <li>□ GGUSD</li> <li>□ OUSD</li> <li>□ SAUSD</li> </ul> CTE Partnership Community Classroom Weekly Time Report SAUSD									
		Date Due:							
Student Name:Student ID #:									
Training Site/Em	ployer:								
Student: This tin	ne report mus	t be signed by y	your manager/	employer and	turned in the <u>f</u>	ollowing week	to your teach	er.	
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 Superviso	r Print Name							
Optional Comme	ents:								

**Complete in Pen**