



# Physical Therapist Assistance Program Attendance Log

Facility: \_\_\_\_\_

Student: \_\_\_\_\_ CI: \_\_\_\_\_

Clinical Rotation: \_\_\_\_ I \_\_\_\_ II \_\_\_\_ III

Week	Dates	Number of Hours	CI Initials
1			
2			
3			
4			
5			
6			
Total number of hours:			

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Clinical Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_