MGE YCE II Time Log

Name *Click to enter text*   **Semester/Yr** *Click to enter text*   **Collaborating Teacher** *Click to enter text*

YCE II Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total
Hours	40	40	40	40	40	40	40	40	40	40	40	40	40	20	0*	540

* Week 15 can be used for makeup hours

Week 1	Time In	Time Out	Hours	Week 2	Time In	Time Out	Hours
Monday				Monday			
Tuesday				Tuesday			
Wednesday				Wednesday			
Thursday				Thursday			
Friday				Friday			
Total Hours Wk 1				**Total Hours Wk 2**			

Week 3	Time In	Time Out	Hours	Week 4	Time In	Time Out	Hours
Monday				Monday			
Tuesday				Tuesday			
Wednesday				Wednesday			
Thursday				Thursday			
Friday				Friday			
Total Hours Wk 3				**Total Hours Wk 4**			

Week 5	Time In	Time Out	Hours	Week 6	Time In	Time Out	Hours
Monday				Monday			
Tuesday				Tuesday			
Wednesday				Wednesday			
Thursday				Thursday			
Friday				Friday			
Total Hours Wk 5				**Total Hours Wk 6**			

Week 7	Time In	Time Out	Hours	Week 8	Time In	Time Out	Hours
Monday				Monday			
Tuesday				Tuesday			
Wednesday				Wednesday			
Thursday				Thursday			
Friday				Friday			
Total Hours Wk 7				**Total Hours Wk 8**			

Week 9	Time In	Time Out	Hours	Week 10	Time In	Time Out	Hours
Monday				Monday			
Tuesday				Tuesday			
Wednesday				Wednesday			
Thursday				Thursday			
Friday				Friday			
Total Hours Wk 9				**Total Hours Wk 10**			

Week 11	Time In	Time Out	Hours	Week 12	Time In	Time Out	Hours
Monday				Monday			
Tuesday				Tuesday			
Wednesday				Wednesday			
Thursday				Thursday			
Friday				Friday			
Total Hours Wk 11				**Total Hours Wk 12**			

Week 13	Time In	Time Out	Hours	Week 14	Time In	Time Out	Hours
Monday				Monday			
Tuesday				Tuesday			
Wednesday				Wednesday			
Thursday				Thursday			
Friday				Friday			
Total Hours Wk 13				**Total Hours Wk 14**			

Week 15	Time In	Time Out	Hours
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Total Hours Wk 15			

Total hours for YCE II (must be at least 540) = _____

Candidate Printed Name _____

Candidate Signature _____

**Collaborating Teacher
Printed Name** _____

Collaborating Teacher Signature _____

Date _____