



## Student on Placement Self-Declared Attendance Form

Student on Placement Name (printed): \_\_\_\_\_

Training Facility (University/College): \_\_\_\_\_

Work Location: \_\_\_\_\_

**Submit this form to the Principal/Supervisor/Designate at the end of each month.**  
Completion of this form is your responsibility and is part of your participation requirements

Self-declaring  
Student on Placement Hours  
for the Month of:

\_\_\_\_\_

1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>	8 <sup>th</sup>	9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>
13 <sup>th</sup>	14 <sup>th</sup>	15 <sup>th</sup>	16 <sup>th</sup>	17 <sup>th</sup>	18 <sup>th</sup>	19 <sup>th</sup>	20 <sup>th</sup>	21 <sup>st</sup>	22 <sup>nd</sup>	23 <sup>rd</sup>	24 <sup>th</sup>
25 <sup>th</sup>	26 <sup>th</sup>	27 <sup>th</sup>	28 <sup>th</sup>	29 <sup>th</sup>	30 <sup>th</sup>	31 <sup>st</sup>	Total hours for the Month:				

(Please input total Student on Placement hours for each day in the date boxes)

Student on Placement Signature: \_\_\_\_\_

**Principal/Supervisor/Designate:**

Please collect this completed form from placement students on a monthly basis and return the form to [Maria.rothensee@sudburycatholicschools.ca](mailto:Maria.rothensee@sudburycatholicschools.ca).

Date: \_\_\_\_\_

Sudbury Catholic District School Board  
Principal/Supervisor/Designate signature: \_\_\_\_\_