

LEARNING ASSISTANT PROGRAM
STUDY GROUP ATTENDANCE ROSTER
(FALL 2014)

LA should complete ALL highlighted fields below:

LA's Name (print): _____

Course Name & #: _____ Study Group #: _____

Study Group Session Information

Day & Date: _____ Time In: _____ Time Out: _____

| | Student Full Name (print) | netID | RU ID # | Signature |
|----|---------------------------|-------|------------|-----------|
| 1 | | | ___ 00 ___ | |
| 2 | | | ___ 00 ___ | |
| 3 | | | ___ 00 ___ | |
| 4 | | | ___ 00 ___ | |
| 5 | | | ___ 00 ___ | |
| 6 | | | ___ 00 ___ | |
| 7 | | | ___ 00 ___ | |
| 8 | | | ___ 00 ___ | |
| 9 | | | ___ 00 ___ | |
| 10 | | | ___ 00 ___ | |
| 11 | | | ___ 00 ___ | |
| 12 | | | ___ 00 ___ | |
| 13 | | | ___ 00 ___ | |
| 14 | | | ___ 00 ___ | |
| 15 | | | ___ 00 ___ | |
| 16 | | | ___ 00 ___ | |
| 17 | | | ___ 00 ___ | |
| 18 | | | ___ 00 ___ | |

By signing this time sheet, I certify that the students recorded on this form attended my study group for the duration of the scheduled period.

 Signature of LA

 Date

Directions for covering a study group for another LA: Please write the other LA's name first and your name second to indicate you covered the session. After the form is submitted, the LA Program Coordinator will record the attendance online.