WORK TIME RECORD SHEET

GRASP

NYSED Distance Education COVID-19 Guidance

Program Name:

Student Name:

FOR TWO WEEK Period FROM _____ **TO** _____

You must complete this section for each packet that you spend time working on:

1. **Name of workbook/worksheet/website title:**

2. **List the dates and amount of time you worked on this assignment (add more dates if you need to):**

<u>Date</u>	Amount of time worked (approximate number of hours)

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3. **Total time worked:**   Total time worked: [   ]

4. **Date Assignment completed:**   Date Assignment completed: [   ]

PLEASE COMMENT ON YOUR PACKET.

[   ]

You have agreed to work on this program 6 hours a week.