**Timesheet**

**of hours worked and tasks performed by a teaching assistant to students with special needs**

Assistant’s name and surname:…………………………..………………………………...........

Faculty…………………………………………………………………..……………………….

Field of study……………………………………………………………………………………

Education level (first degree studies, second degree studies) ……………………………….....

Mode of studies (full-time, part-time) ………………...………………………………………..

Student ID No……….……………………………………………………………………….....

Year of studies ………………………………………………………………………………….

Address for correspondence including the postal code: ………………………………………………………………………….……………………….

Phone number: ………………………………………………………………………………….

E-mail address: …………..……………………………………………………………………..

Name and surname of the student for whom the assistant function was performed …………………………………………………………………………………………………...

Student ID No: ………………………………………………………………………………….

Type of disability:……………………………………………………………………………….

**Scope of support (in line with the Head of the DPD) - delete as applicable:**

1. Assistance in internal transport (at the University)
2. Assistance in note-taking
3. Assistance in using the library (e.g. delivering books)
4. Assistance in dealing with student affairs
5. Other help (by prior arrangement) .......................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

**Assistant’s work sheet for (month)…………………Academic year……..………………**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Date** | **Place of task(s) performance**  | **Type and scope of work performed** | **Working time in hours****/minutes** | **Signature of the employee or the assisted student**  |
| **1.** |  |  |  |  |  |
| **2.** |  |  |  |  |  |
| **3.** |  |  |  |  |  |
| **4.** |  |  |  |  |  |
| **5.** |  |  |  |  |  |
| **6.** |  |  |  |  |  |
| **7.** |  |  |  |  |  |
| **8.** |  |  |  |  |  |
| **9.** |  |  |  |  |  |
| **10.** |  |  |  |  |  |
| **11.** |  |  |  |  |  |
| **12.** |  |  |  |  |  |
| **13.** |  |  |  |  |  |
| **14.** |  |  |  |  |  |
| **15.** |  |  |  |  |  |
| **16.** |  |  |  |  |  |
| **17.** |  |  |  |  |  |
| **18.** |  |  |  |  |  |
| **19.** |  |  |  |  |  |
| **20.** |  |  |  |  |  |
| **21.** |  |  |  |  |  |
| **22.** |  |  |  |  |  |
| **23.** |  |  |  |  |  |
| **24.** |  |  |  |  |  |
| **25.** |  |  |  |  |  |
| **26.** |  |  |  |  |  |
| **27.** |  |  |  |  |  |
| **28.** |  |  |  |  |  |
| **29.** |  |  |  |  |  |
| **30.** |  |  |  |  |  |

**Total hours worked**:………………………………..………………………………………….

**Asisstant’s signature**………………………………..…………………………………………..

**Signature of the student with disabilities**…………………………………………..…………