



SUMMARY RECORD OF ABSENCE DURING STUDENT TEACHING

(TO BE VERIFIED BY COLLEGE SUPERVISOR AT END OF STUDENT TEACHING EXPERIENCE)

Teacher Candidate's NameQuarter / School YearDate

The teacher candidate named above has been present during the days and hours required of regular faculty, except as indicated below.

Date of Absence	Hours if Other than Full Day	Reason for Absence

Print name of Cooperating Teacher

School District

Signature of Cooperating Teacher

Date

The College Supervisor should forward this document with their recommendation to the office of the teacher candidate's major department.

I recommend that the above absences be excused.

Signature of College Supervisor

Date

If additional experience is recommended, send this form to the Field Experience and School Partnerships Office, Education Building – Room 1105, and forward a copy to the student teaching program coordinator of the relevant major. Indicate below the additional dates in which the teacher candidate will be in their placement.

Additional dates in the placement _____.