Center for School Partnerships and Teacher Certification
State University of New York at Potsdam
Potsdam, NY 13676
Phone: (315)-267-3450

RECORD OF ABSENCES DURING STUDENT TEACHING

PLEASE FAX ONE COPY OF THIS FORM TO 315-267-3327.

Teacher Candidate's Name _____

Student Teaching Semester _____

Dates of Absence	Hours if other than full day	Reason for Absence

Signed: _____ _____
Sponsor Teacher Date

I recommend that the above absences be excused.

Signed: _____ _____
College Supervisor Date

I recommend that _____ days of additional classroom experience be required to compensate for time missed during student teaching. Please fax one copy of this completed form to 315-267-3327.

Signed: _____ _____
College Supervisor Date

(Reference: Daily Attendance in the *Guide to Student Teaching.)*

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