

CLINICAL EXPERIENCE ABSENCE FORM

DIRECTIONS:

For any absence from a clinical experience assignment, this form must be submitted to the Facilitating/Cooperating Teacher and School of Education no later than one week prior to the absence for reasons other than sudden illness. Medical appointments, which are not emergency visits, require the form to be turned in one week prior to absence/appointment. For absences due to emergency or sudden illness, the form must be completed no later than one week after the absence. A written note from the doctor and/or medical facility must be provided for doctor's office visits and/or emergency absences.

The School of Education considers three (3) days of absence from a clinical experience assignment due to personal illness, illness of an immediate family member, or death of a family member, to be excusable. Additional absences may necessitate extension of the student teaching assignment. Documentation of reason for absence must be attached to this form. Forms are returned to and signed by the Field Placement Coordinator, Mrs. Baker (hbaker@shepherd.edu).

Absence number: first
 second
 third
 other _____ (*please indicate*)

Teacher Candidate Name _____
Student/Placement _____
Date(s) of absence(s) _____
Reason for absence(s) _____

University Supervisor was notified of absence by phone/email prior to submitting this form: Yes
 No

Complete for medical absences only (*check all that apply*):

Sudden illness
 Emergency
 Medical appointment (non-emergency)

Self
 Family member

Teacher Candidate Signature *Date submitted*

Cooperating Teacher Signature *Date received* *Date signed*

Field Placement Coordinator *Date received* *Date signed*

Excused absence Unexcused absence
Due to unexcused absence(s), the student teaching assignment will be extended through _____