

ATTENDANCE FORM

TEACHER CANDIDATE NAME _____ BEAR # _____

COOPERATING TEACHER _____ SCHOOL _____

YEAR _____ FALL SPRING SEMESTER (CHECK ONE)

Date Absent and/or Hours Missed	Reason for Absence/Arrangements left for Cooperating teacher if necessary?	Make up date - STUDENT CONTACT HOURS	Cooperating teacher Signature - To be signed after make up days/hours completed

Comments:

Teacher Candidate

Cooperating Teacher

University Supervisor

Date

Date

Date

*Turn form in to University Supervisor at end of term.