

Prairie View A&M University
Whitlowe R. Green College of Education
Office of Clinical Teaching and Field Experiences

ABSENTEE FORM
FOR
CLINICAL TEACHERS

Clinical Teacher _____ Phone _____

Cooperating Teacher _____ Phone _____

Date(s) of absence _____ If not all day, what hours? _____

To be completed the 1st day back from an emergency absence and given to your University Supervisor at the next observation/meeting.

_____ Emergency absence (unavoidable and unexpected, i.e. illness or accident)

Reason for absence: _____

Date/Time Cooperating Teacher was notified _____ AM ___ PM

Date/Time University Supervisor was notified _____ AM ___ PM

Obtain approvals and complete prior to absence for personal reason. Obtain these approvals as far in advance as possible. Give to University Supervisor at next observation/meeting.

_____ Personal need absence (planned in advance, i.e. interviews, doctor appointments). Not required for seminars, meetings or professional development planned by school district or Prairie View A&M University with the approval of the Director of Clinical Teaching and Field Experiences.

Date of approval _____ Cooperating Teacher signature _____

Date of approval _____ University Supervisor signature _____

Explanation of absence: _____

_____ Approved _____ Denied

Director signature: _____ Date: _____