REPORT OF ABSENCE IN CLINICAL PRACTICE

Name of Clinical Practitioner________________________________________________________________

Date(s) of Absence_____________________________________________________________________

Reason for Absence____________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Supervising Teacher           Date
_______________________________________________ ____________________________

Clinical Practitioner      Date
_______________________________________________ ____________________________

Submit to the Office of Clinical Experiences

*Student teachers are allowed 5 absences with written documentation. Any additional absences must be made up by continuing to student teach after the end of the LSUS semester until all absences are made up.