



Teacher Candidate Absentee Form

This form must be completed and signed by the teacher candidate, the cooperating teacher, and the university supervisor. The university supervisor will return this form to the Office of Clinical Experiences, 313 White Hall, Kent State University, Kent, OH 44242.

Teacher Candidate: _____ Date: _____

District: _____ School: _____

Teacher candidate was absent from _____ to _____

Total school days missed: _____

Total school days missed for the student teaching term: _____

Reason for absence: _____

(Signature of Teacher Candidate) Date: _____

(Signature of Cooperating Teacher) Date: _____

(Signature of University Supervisor) Date: _____