TEXAS STATE UNIVERSITY

ABSENTEE FORM
FOR
STUDENT TEACHERS

Student Teacher _______________________ Phone____________________________

Cooperating Teacher ___________________ Home/ cell phone________________________

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

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

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

Reason for absence:

Date/ time Cooperating Teacher was notified ______________________________________

Date/ time University Mentor was notified ______________________________________

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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, Texas State University, or University Supervisor

Date of approval initialed by Cooperating Teacher_________________________________

Date of approval/ excusable by University Supervisor _________________________________

Explanation of absence: