

Center for Teacher Education ATTENDANCE REPORT FOR TEACHER CANDIDATE

Semester	□ Fall □ Spring	Year 20	
Period Beginning		Period Ending	
Teacher			
Candidate	Print Name	Sign Name	Please be sure to print
Cooperating Teacher			and sign your name in the appropriate signature
University	Print Name	Sign Name	box.
Supervisor	Print Name	Sign Name	
Social Security #	<u> </u>	<u> </u>	
School & District			
Grade/Subject			
First Day Reported	l:/ 20		

Please complete each box with the month & day you were present each week. If you were absent, please place an A in the appropriate box. In the event of an absence, you must submit appropriate documentation and explanation to the university supervisor at the end of each week.

	WK 1	WK 2	WK 3	WK 4	WK 5	WK 6	WK 7	WK 8	WK 9	WK10	WK11	WK12	WK13	WK14	WK15	WK16
Monday																
Tuesday																
Wednesday																
Thursday																
Friday																