



Field Experience and School Partnerships Office
Education Building - Room 1105
(607) 753-2824
(607) 753-5966 (fax)

Date Submitted _____

SUMMARY RECORD OF ABSENCE DURING STUDENT TEACHING

(TO BE VERIFIED BY COLLEGE SUPERVISOR AT END OF STUDENT TEACHING EXPERIENCE)

Teacher Candidate's Name	Quarter	School Year
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The teacher candidate named above has been present during the days and hours required of regular faculty except as indicated below.

Date of Absence	Hours if Other than Full Day	Reason for Absence

Signed: _____ Date: _____
Name of Cooperating Teacher

The College Supervisor should forward this sheet with his/her recommendation to the **office of the teacher candidate's major department.**

I recommend that the above absences be excused.

Signed: _____ Date: _____
Name of College Supervisor

<p>If additional experience is recommended, send this form to the Field Experience and School Partnerships Office, Room 1105 – Education Building, and forward a copy to the student teaching program coordinator of the relevant major. Indicate below the additional dates in which the teacher candidate will be in his/her placement.</p> <p>Additional dates in the placement _____.</p>

Signed: _____ Date: _____
Name of College Supervisor

Note: SUNY guidelines require a minimum of 75 days in classrooms as stated in “A New Vision in Teacher Education” of June 2002.