

## Teacher Intern Make-up Days Form

DATE	_____	_____	_____	_____	_____	_____	_____	_____
TIME IN	_____	_____	_____	_____	_____	_____	_____	_____
TIME OUT	_____	_____	_____	_____	_____	_____	_____	_____
DATE	_____	_____	_____	_____	_____	_____	_____	_____
TIME IN	_____	_____	_____	_____	_____	_____	_____	_____
TIME OUT	_____	_____	_____	_____	_____	_____	_____	_____

\_\_\_\_\_  
Clinical Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Teacher Intern's Signature

\_\_\_\_\_  
Date

**The teacher intern will document time for make-up, secure signatures after time is made up, and when the make-up has been completed return this form to the Professional Education Programs office, College of Education, Room 213.**

NOTE: This form may be copied or additional forms may be obtained on the following web site <http://www.astate.edu/a/prof-ed-programs-office/index.dot>