

## **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					Da	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 & Behavioral Science, Room 213 or email to <a href="mailto:pep@astate.edu">pep@astate.edu</a>.