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