

# Student Teaching Absence Documentation Form

Please complete the Student Teacher portion of this document and email it to: [teaching.clinicals@bemidjistate.edu](mailto:teaching.clinicals@bemidjistate.edu).

Absences are handled on a case-by-case basis because each student teacher's situation is different.  
Absences should only occur under extenuating circumstances.

## **Student Teacher Completes:**

Student Teacher: \_\_\_\_\_

Email: \_\_\_\_\_

BSU Tech ID: \_\_\_\_\_

Best Phone Number: \_\_\_\_\_

Student Teaching Dates: \_\_\_\_\_

Date(s) of Absence: \_\_\_\_\_

Cooperating Teacher: _____	Is the CT aware of this absence?	Yes	No
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University Supervisor: _____	Is the US aware of this absence?	Yes	No
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Is/Was this a family or medical emergency?	Yes	No
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What is/was the need for this absence:

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## **Clinical Experiences Office Completes:**

Absence has been reviewed and no additional student teaching time needs to be added.

Absence has been reviewed and additional student teaching time is needed.

New End Date: \_\_\_\_\_

Coordinator/Director of Clinical Experiences Signature: \_\_\_\_\_

## **Licensing Review (Verified and Completed by Clinical Experiences):**

No action needed

Variance required