

Student Teaching Absence Documentation Form

Please complete the Student Teacher portion of this document and email it to: teaching.clinicals@bemidjstate.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

University Supervisor: _____

Is the US aware of this absence? Yes No

Is/Was this a family or medical emergency? Yes No

What is/was the need for this absence:

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: _____

Clinical Coordinator or Clinical Staff Signature: _____

Licensing Review (Verified and Completed by Clinical Experiences):

No action needed

Variance required