Planned Absence Approval Form

Name of Student Teacher

Today’s date ________________ Date(s) of leave _______________________

_________________________________________  _____a.m. _____p.m. _____both

Reason for absence:

_____________________________________________________________________

Contingency Plan: (Specify who will assume your duties and/or where the directions for these duties can be found. If this were unexpected and you were to teach, did you provide substitute lesson plans?)

_____________________________________________________________________

_____________________________________________________________________

Signed. _____________________________________________
(Signed. Student Teacher)

Signed. _____________________________________________
(Cooperating Teacher)

Cooperating Teacher please check one:

_________Approved   ___________ Not Approved