Seton Hall University
College of Education and Human Services
400 South Orange Avenue, South Orange, NJ 07079

Student Name: _____ School: _____Semester:_____

1. Please indicate attendance with the following: P= Present A= Absent T= Tardy
2. If the Clinical Intern is not present for the entire day, please indicate late arrival or early dismissal time and reason.
3. Completed, signed form is submitted online to the Office of Clinical Experiences & Applied Research at cehsfieldoffice@shu.edu. It may be scanned or sent as a screen shot.

Week Start and End Date	Monday	Tuesday	Wednesday	Thursday	Friday	Cooperating Teacher Initials
Week 1 Dates:						
Week 2 Dates:						
Week 3 Dates:						
Week 4 Dates:						
Week 5 Dates:						
Week 6 Dates:						
Week 7 Dates:						
Week 8 Dates:						
Week 9 Dates:						
Week 10 Dates:						
Week 11 Dates:						
Week 12 Dates:						
Week 13 Dates:						
Week 14 Dates:						
Week 15 Dates:						
Week 16 Dates:						

Clinical Intern Signature:
_____

Cooperating Teacher Signature:
_____

Days Absent:

Days Tardy: