



## Attendance Record

### Practice Placement C

#### Who completes this form?

The Student Coordinator completes this form. The Student Coordinator and student sign this form.

Student name \_\_\_\_\_

Dates of placement

\_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_

Location of placement \_\_\_\_\_

Full attendance observed

OR

Absences recorded

1. One day of placement is 7 hours (excl. lunch). How many hours were missed? \_\_\_\_\_ hours

2. On what date or dates did absences occur? \_\_\_\_\_

3. Did the student work alternative hours to make up for any of the time missed?

No, the time missed was covered by the student's placement contingency

Yes, as indicated in a. and b. below

a. Alternative hours were completed on these dates: \_\_\_\_\_

b. How many hours did the student work to make up for time missed? \_\_\_\_\_ hours

The undersigned agree that the above is a true and accurate representation of the hours completed.

Student signature \_\_\_\_\_

Student Coordinator

Signature \_\_\_\_\_

Name \_\_\_\_\_

CORU registration no.

DI \_\_\_\_\_

For College use only [calculate total hours and stamp]: