

HARDING UNIVERSITY

ATTENDANCE RECORD

CANNON-CLARY COLLEGE OF EDUCATION

Name of Student _____ Social Security No. _____ Semester _____ Yr. _____

Area of Certification _____ Cooperating Teacher _____ University Supervisor _____

School and System _____ Grade/Teaching Field _____

Activity and Attendance	Makeup	WEEKS																Total
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
1. Observation Hours																		
2. Teaching Hours																		
3. Conference Hours																		
4. TOTAL HOURS																		
5. Days Absent																		
6. Days Present																		
7. Cooperating Teacher's Initials																		

Experiences
Signed

Student Teacher

Signed

Cooperating Teacher

Please return to:
Professional Field

Harding University
Box 12254
Searcy, AR 72149-2254

HUFEOS#003