LA TROBE UNIVERSITY

PLACEMENT OPERATIONS (EDUCATION)
OFFICE OF THE PROVOST

Attendance Record – Professional Experience
1 day = 7 hours (not including breaks)

Pre-Service Teacher's Name:_____ **EC Service Name:** _____

TIME AT EC SERVICE		Lead Up Days, if any (Please indicate day)					WEEK 1					WEEK 2				
							Mon	Tues	Wed	Thurs	Fri	Mon	Tues	Wed	Thurs	Fri
DAY	Start															
	Finish															

TIME AT EC SERVICE		WEEK 3					WEEK 4					WEEK 5				
		Mon	Tues	Wed	Thurs	Fri	Mon	Tues	Wed	Thurs	Fri	Mon	Tues	Wed	Thurs	Fri
DAY	Start															
	Finish															

TOTAL DAYS ON PROFESSIONAL EXPERIENCE	days

SUPERVISING TEACHER'S CERTIFICATION:
I certify that the details on this attendance record are correct.

SUPERVISING TEACHER 1: Signature:_____Date: _____

SUPERVISING TEACHER 2: Signature:_____Date: _____

PRE-SERVICE TEACHER'S CERTIFICATION:
I certify that the details on this attendance record are correct.

Signature:_____Date: _____

Important:

Please keep the completed form for your records and be able to provide it to your Subject Coordinator upon request. It is recommended that the form is stored at the front of your professional experience manual. DO NOT send the form to Placement Operations (Education).