

# TEACHER SUPERVISION RECORD

Students can complete this section prior to placement in class time and hand to teacher in preparation for Work Placement supervision.

STUDENT NAME: \_\_\_\_\_

DATE OF PLACEMENT: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

PHONE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

DATE OF CONTACT	TYPE OF CONTACT Phone / Visit	TIME	SPOKE TO	COMMENTS

## VARIATION TO ATTENDANCE ( ie illness, injury etc.)

Reason: \_\_\_\_\_

Days / Hours to be made up: \_\_\_\_\_

Comments: \_\_\_\_\_

Teachers Name / Signature: \_\_\_\_\_ Date: \_\_\_\_\_