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**Office for Professional Learning**

**School of Education**

Telephone (02) 67733898

Email: [peo@une.edu.au](mailto:peo@une.edu.au)

# EARLY CHILDHOOD PROFESSIONAL EXPERIENCE ATTENDANCE REGISTER

STUDENT TEACHER’S NAME:

SERVICE/CENTRE: DIRECTOR/SUPERVISOR’S NAME:

PLACEMENT DATES

: FROM

TO

The pre-service teacher is to record the date, the time of arrival and departure from the centre. Each day’s entry should be initialed by the director/supervisor. If the pre-service teacher or director/supervisor is absent for any period this should also be indicated.

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| **DAY**  **e.g**  **Mon etc** | **DATE** | **SIGN ON**  **e.g.**  **8.30 am** | **SIGN OFF**  **e.g.**  **4.00 pm** | **DAYS ABSENT (STUDENT)** | **DAYS ABSENT (DIRECTOR/ SUPERVISOR)** | **DIRECTOR/ SUPERVISORS INITIAL** |
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| **DAY**  **e.g Mon etc** | **DATE** | **SIGN ON**  **e.g.**  **8.30 am** | **SIGN OFF**  **e.g.**  **4.00 pm** | **DAYS ABSENT (STUDENT)** | **DAYS ABSENT (DIRECTOR/ SUPERVISON.)** | **DIRECTOR/ SUPERVISORS** INITIAL |
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**Student's absence**: Please note day and date made up due to absence

**Director/Supervisors Certification**. The above record is, to the best of my knowledge, correct in all details.

**DIRECTOR/SUPERVISORS SIGNATURE DATE**

**At the conclusion of the placement please email the final report, attendance record, claim and the tax file number declaration forms to the Office for Professional Learning** [**peo@une.edu.au**](mailto:peo@une.edu.au)**.**

**PLEASE NOTE: Payment cannot be made unless all these forms are returned.**

**PLEASE NOTE: THE ORIGINAL REPORT IS TO BE GIVEN TO THE PRE-SERVICE TEACHER FOR INCLUSION IN THEIR RESUME FOLDER FOR FUTURE JOB INTERVIEWS.**