**MSc Dramatherapy**

**OM218 Placement Attendance Form (Semesters 1 & 2)**

**Semester 1**

Please complete this form and submit it via Canvas at the end of your placement. Please ask your Practice Educator to sign it. A minimum of 80% attendance is required and any absences must be verified with a written explanation and medical certificates where appropriate. **†** You should also record the absence on the student portal

|  |  |
| --- | --- |
| **Student's Name** |  |
| **Placement Location** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Teaching Week** | **Dates****(2 days per week)** | **Attended****Y/N** | **Reason for Absence†** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |
| **6** |  |  |  |
| **7** |  |  |  |
| **8** |  |  |  |
| **6** |  |  |  |
| **7** |  |  |  |
| **9** |  |  |  |
| **10** |  |  |  |
| **11** |  |  |  |
| **12** |  |  |  |
| **13** |  |  |  |
| **14** |  |  |  |
| **15** |  |  |  |
| **16** |  |  |  |
|  |  |  |  |
| **Total number of days attended in semester 1** |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of Practice Educator** |  | **Date** |  |
| **Signature of Student** |  | **Date** |  |

**MSc Dramatherapy**

**Placement 2 Attendance Form**

**Semester 2**

Please complete this form and submit it via the Hub dropbox at the end of your placement. Please ask your Practice Educator to sign it. A minimum of 80% attendance is required and any absences must be verified with a written explanation and medical certificates where appropriate.

|  |  |
| --- | --- |
| **Student's Name** |  |
| **Placement Location** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Teaching Week** | **Date** | **Attended****Y/N** | **Reason for Absence†** |
| **6** |  |  |  |
| **7** |  |  |  |
| **18** |  |  |  |
| **19** |  |  |  |
| **20** |  |  |  |
| **21** |  |  |  |
| **22** |  |  |  |
| **23** |  |  |  |
| **24** |  |  |  |
| **25** |  |  |  |
| **26** |  |  |  |
| **27** |  |  |  |
| **28** |  |  |  |
| **29** |  |  |  |
| **30** |  |  |  |
| **Total number of days attended in semester 2** |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of Practice Educator** |  | **Date** |  |
| **Signature of Student** |  | **Date** |  |