

**Occupational Therapy Students**

**Student Absence Reporting Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Student** |  | **Section/Sector** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Absence Notified** | Day: |  | Date: |  | Time: |  |

|  |  |
| --- | --- |
| **Person receiving notification:** | Did Student make contact in person?  Yes  No |
|  |

|  |  |
| --- | --- |
| 1. Is this your first day of illness? | Yes  No |
| If not please note 1st day |  |
|  |  |
| 1. What is the reason for your absence? | |
|  | |
|  | |
| 1. How long do you think you will be absent from placement? | |
|  | |
|  | |
| 1. Are you arranging to see your doctor? | |
|  | |
|  | |
| 1. Have you advised the University/College? Yes  No   (If no advise student to do so) | |
| 1. If you are unable to return to placement (usually day 4 of absence) by the following date: | Insert Date  Insert Date |
| You must contact department again no later than (within 1 hour of starting time) |  |
| Insert Date | |
| 1. What work is outstanding? | |
|  | |
|  | |
| 1. Do you have any deadlines to meet? Yes  No   If yes specify… | |
|  | |
|  | |
| 1. Do you have any meetings/visits arranged that have to be covered? Yes  No   If yes specify… | |
|  | |
|  | |
| 1. Is there anything else we need to know? | |
|  | |
|  | |
| 1. Do you have any meetings/visits arranged that have to be covered? Yes  No   If yes specify | |
|  | |
|  | |
| 1. Is there anything I can do to help? | |
|  | |
|  | |