

Occupational Therapy Students Student Absence Reporting Form

Name of Student		Section/Sector	
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Absence Notified	Day:		Date:		Time:	
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Person receiving notification:	Did Student make contact in person? Yes <input type="checkbox"/> No <input type="checkbox"/>
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1. Is this your first day of illness? Yes No

If not please note 1st day

2. What is the reason for your absence?

3. How long do you think you will be absent from placement?

4. Are you arranging to see your doctor?

5. Have you advised the University/College? Yes No
(If no advise student to do so)

6. If you are unable to return to placement (usually day 4 of absence) by the following date.

You must contact department again no later than (within 1 hour of starting time).

7. What work is outstanding?

8. Do you have any deadlines to meet? Yes No
If yes specify...

9. Do you have any meetings/visits arranged that have to be covered? Yes No
If yes specify...

10. Is there anything else we need to know?

11. Do you have any meetings/visits arranged that have to be covered? Yes No
If yes specify

12. Is there anything I can do to help?