

Murray State College
Physical Therapist Assistant Program

Missed Class Form

Student Name: _____

Date of Missed Class: _____

Date Form Due: _____

This form is to be completed whenever a student misses all or part of a class session. It is the responsibility of the student who missed class (for any reason) to complete the following activities. The scanned form will be submitted in Blackboard **by the end of the first class day following the missed class.**

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|----|--|-----|----|
| 1. | Complete all assigned reading identified in syllabus for the class period. | Yes | No |
| 2. | Watch recorded session(s) if available for the class or portion of class. | Yes | No |
| 3. | Participate in any Blackboard related activities for the class. | Yes | No |
| 4. | Meet with class members to discuss content delivered during the class. | | |

(Print student(s) name and have them initial and date)

5. Meet with class members to complete practice of lab skills missed if applicable. List the specific activities you practiced here. *Class members should not sign off until the skills have been practiced.*

(Print student(s) name and have them initial and date)

6. Outline the content that you missed and include key items and lab activities that you missed.

Student Signature

Date