

Attendance Monitoring Checklist-Monthly

Month: _____ Classroom: _____

ATTENDANCE FOR WEEK 1: _____

- Parent Signatures with time entering?
- Parent Signatures with time leaving?
- Absences? Reason given for absence?
- Teaching Staff signatures? Date and time?
- FA Signature?
- Data matches Child Plus Report 2301?

ABSENCES	
# ____ sick	# ____ OUT OF TOWN
# ____ TRANSPORTATION	# ____ FAMILY DAY
# ____ TFS	# ____ PSC
# ____ VISITATION	# ____ OTHER
# ____ DR/DDS APPOINTMENT	____ TOTAL

ATTENDANCE FOR WEEK 2: _____

- Parent Signatures with time entering?
- Parent Signatures with time leaving?
- Absences? Reason given for absence?
- Teaching Staff signatures? Date and time?
- FA Signature?
- Data matches Child Plus Report 2301?

ABSENCES	
# ____ sick	# ____ OUT OF TOWN
# ____ TRANSPORTATION	# ____ FAMILY DAY
# ____ TFS	# ____ PSC
# ____ VISITATION	# ____ OTHER
# ____ DR/DDS APPOINTMENT	____ TOTAL

ATTENDANCE FOR WEEK 3: _____

- Parent Signatures with time entering?
- Parent Signatures with time leaving?
- Absences? Reason given for absence?
- Teaching Staff signatures? Date and time?
- FA Signature?
- Data matches Child Plus Report 2301?

ABSENCES	
# ____ sick	# ____ OUT OF TOWN
# ____ TRANSPORTATION	# ____ FAMILY DAY
# ____ TFS	# ____ PSC
# ____ VISITATION	# ____ OTHER
# ____ DR/DDS APPOINTMENT	____ TOTAL

ATTENDANCE FOR WEEK 4: _____

- Parent Signatures with time entering?
- Parent Signatures with time leaving?
- Absences? Reason given for absence?
- Teaching Staff signatures? Date and time?
- FA Signature?
- Data matches Child Plus Report 2301?

ABSENCES	
# ____ sick	# ____ OUT OF TOWN
# ____ TRANSPORTATION	# ____ FAMILY DAY
# ____ TFS	# ____ PSC
# ____ VISITATION	# ____ OTHER
# ____ DR/DDS APPOINTMENT	____ TOTAL

ATTENDANCE FOR WEEK 5: _____

- Parent Signatures with time entering?
- Parent Signatures with time leaving?
- Absences? Reason given for absence?
- Teaching Staff signatures? Date and time?
- FA Signature?
- Data matches Child Plus Report 2301?

ABSENCES	
# ____ sick	# ____ OUT OF TOWN
# ____ TRANSPORTATION	# ____ FAMILY DAY
# ____ TFS	# ____ PSC
# ____ VISITATION	# ____ OTHER
# ____ DR/DDS APPOINTMENT	____ TOTAL