

MEMBERSHIP/ATTENDANCE FORM
2017-2018

(For IEP Students Only)

Community Preschool Program- Early Childhood Special Education

 (Teacher Name)

 (Program Name & School District in which Preschool Program is located)

ENTER DATE AND HOURS ATTENDED OR ENTER ABSENT (A)

DATE (MM/DD):																					
STUDENT NAME	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	Total Hours attended for the month

PLEASE MARK YOUR STUDENTS' ATTENDANCE DAILY IN HOURS AND RETURN THIS FORM MONTHLY WITH YOUR INVOICE TO THE SCHOOL DISTRICT BUSINESS MANAGER.

Questions: Call Lynn at the Northern Lights Special Education Cooperative 878-3047

Submitted by _____