Clear Form

CONTRACTED PROGRAM

TIME AND ATTENDANCE SHEET

Month of _____ Year _____

OFFICE OF SPECIAL EDUCATION AND PSYCHOLOGICAL SERVICES

Code: Present - leave space blank Enter - E

Absent - X School is not in Session

School _____ Address _____

NAME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total

I do certify that the above attendance sheet is correct and is an accurate record of daily attendance of the student serviced in a program contracted by Miami-Dade County Public Schools.

_____

Authorized Signature

FM-2846 Rev. (09-06)