

NEW HAVEN UNIFIED SCHOOL DISTRICT
SCHOOL:
2007-08 Attendance Record
 Ninth - Twelfth
Supplemental Instruction Program

INSTRUCTIONS:

1. Please print each student's full name.
2. Mark an (X) for present.
3. Teacher must sign in ink.
4. Please indicate if the student is **at risk of not passing the CAHSEE** by placing an (X) in the at-risk box.
5. Turn into the Adult School on the last work day of the month.

Teacher's Name (Print) _____ Week of: ____/____/____

Teacher's Signature: _____ Hours of Class _____ Room: _____

	STUDENT'S NAME	ID #	AT-RISK	MON	TUES	WED	THURS	FRI	TOTALS
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
	TOTAL								
TOTAL HOURS AT-RISK									
TOTAL HOURS CORE ACADEMICALLY DEFICIENT/TOTAL HOURS CORE ACADEMIC									