



Attendance Calendar

Reporting Period 7
January 30 – February 24

Student Name _____
 Room Number _____ Grade _____

Monday	Tuesday	Wednesday	Thursday	Friday
January 30 <input type="checkbox"/> I.S. <input type="checkbox"/> In Class	January 31 <input type="checkbox"/> I.S. <input type="checkbox"/> In Class	February 1 <input type="checkbox"/> I.S. <input type="checkbox"/> In Class	February 2 <input type="checkbox"/> I.S. <input type="checkbox"/> In Class	February 3 <input type="checkbox"/> I.S. <input type="checkbox"/> In Class
February 6 <input type="checkbox"/> I.S. <input type="checkbox"/> In Class	February 7 <input type="checkbox"/> I.S. <input type="checkbox"/> In Class	February 8 <input type="checkbox"/> I.S. <input type="checkbox"/> In Class	February 9 <input type="checkbox"/> I.S. <input type="checkbox"/> In Class	February 10 <input type="checkbox"/> I.S. <input type="checkbox"/> In Class
February 13 NO SCHOOL LINCOLN'S BIRTHDAY	February 14 <input type="checkbox"/> I.S. <input type="checkbox"/> In Class	February 15 <input type="checkbox"/> I.S. <input type="checkbox"/> In Class	February 16 <input type="checkbox"/> I.S. <input type="checkbox"/> In Class	February 17 <input type="checkbox"/> I.S. <input type="checkbox"/> In Class
February 20 NO SCHOOL PRESIDENT'S DAY	February 21 <input type="checkbox"/> I.S. <input type="checkbox"/> In Class	February 22 <input type="checkbox"/> I.S. <input type="checkbox"/> In Class	February 23 <input type="checkbox"/> I.S. <input type="checkbox"/> In Class	February 24 <input type="checkbox"/> I.S. <input type="checkbox"/> In Class

This calendar is due on **Friday, February 24, 2017.**

I.S. Days Requested _____

Parent's Signature _____ Date _____

This bottom section is for teacher use only.

I have given this student credit for ____ class attendance days, and ____ independent study days.

Total attendance credit ____ days out of **18** total attendance days this period.

If this box is checked, please make an appointment to meet with me about your child's independent study.

Teacher Signature: _____ Date _____

Independent Study Log

Based on the state requirements per grade level, this is how much independent study work is due per day.
(Kindergarten—3 hours, 15 minutes)(1st—3rd grade—4 hours, 45 minutes)(4th—8th grade—5 hours)

Date	Activity For independent study credit, please give specific details of the assignment (page numbers, detailed descriptions of tasks, etc.).	Time Spent	Credit (for teacher use only)
Total Hours/ Minutes:			