



Attendance Calendar

Reporting Period 8
February 27 - March 24

Student Name _____
 Room Number _____ Grade _____

Monday	Tuesday	Wednesday	Thursday	Friday
February 27 <input type="checkbox"/> I.S. <input type="checkbox"/> In Class	February 28 <input type="checkbox"/> I.S. <input type="checkbox"/> In Class	March 1 <input type="checkbox"/> I.S. <input type="checkbox"/> In Class	March 2 <input type="checkbox"/> I.S. <input type="checkbox"/> In Class	March 3 <input type="checkbox"/> I.S. <input type="checkbox"/> In Class
March 6 <input type="checkbox"/> I.S. <input type="checkbox"/> In Class	March 7 <input type="checkbox"/> I.S. <input type="checkbox"/> In Class	March 8 <input type="checkbox"/> I.S. <input type="checkbox"/> In Class	March 9 <input type="checkbox"/> I.S. <input type="checkbox"/> In Class	March 10 <input type="checkbox"/> I.S. <input type="checkbox"/> In Class
March 13 <input type="checkbox"/> I.S. <input type="checkbox"/> In Class	March 14 <input type="checkbox"/> I.S. <input type="checkbox"/> In Class	March 15 <input type="checkbox"/> I.S. <input type="checkbox"/> In Class	March 16 <input type="checkbox"/> I.S. <input type="checkbox"/> In Class	March 17 <input type="checkbox"/> I.S. <input type="checkbox"/> In Class
March 20 <input type="checkbox"/> I.S. <input type="checkbox"/> In Class	March 21 <input type="checkbox"/> I.S. <input type="checkbox"/> In Class	March 22 <input type="checkbox"/> I.S. <input type="checkbox"/> In Class	March 23 <input type="checkbox"/> I.S. <input type="checkbox"/> In Class	March 24 <input type="checkbox"/> I.S. <input type="checkbox"/> In Class

REPORTING PERIOD ENDS. CALENDARS MUST BE ON TIME.

This calendar is due on **Thursday, March 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 **20** 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:			