# 10-DAY WORKSHEET DIRECTIONS

List each pupil who is not **PHYSICALLY PRESENT** on the **COUNT DATE.** This form must be completed for every class, and every hour claimed for state aid.

Use full name -- **NO** nicknames and **PLEASE PRINT!**

Record your name, class, and hour at the bottom of the page.

**FDP - First Day Present**

Record the date the student first appeared in attendance **prior** to the count date.

Mark an “A” in the count date column, mark an “A” for the dates absent thereafter.

Mark a “P” when student is present. Once a student is present, it is not necessary to record attendance on this form after that date. If the student did not return within the 10-day period, record actual date returned in the next column.

**AFTER** recording attendance on the last day of the count period, return this form to the **PRINCIPAL’S OFFICE** (for auditor’s reference).

**10-DAY WORKSHEET**

|  |  |  |
| --- | --- | --- |
| Building: | School District: | School Year: |
| Count Date: | Fall: | Supplemental: |
| Teacher: | Class: | Hour: |

**IMPORTANT: READ INSTRUCTIONS BEFORE COMPLETING FORM.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Names of Pupils**  **(List Alphabetically)** | **Grade**  **Level** | **First**  **Day**  **Present\*** | **Count**  **Date** | **Ten Days Following the Count Day**  **(indicate exact dates below):** | | | | | | | | | | **Date**  **Returned\*\*** | **Reason for Count**  **Day Absence** | **Is Count Day Absence**  **Excused?**  **Yes No** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

I certify that the above information is true and accurate.

# Teacher’s Signature Date Signed

\*FDP – First day present this semester.

\*\*If the student did not return within the 10-day period, indicate actual date returned. Retain in principal’s office or pupil accountant office and present to auditors at time of field audit.