Attendance Log / Provision of SpEd Services

Staff Name: _____ **Month/Year:** _____

Absence Codes: **CI=**Child Illness **SI=**Staff Illness **PL=**Personal Leave **SD=**Staff Development **PC=**Parent Cancelled **O=**Other

A=Assessment (Evaluation) **E=**Entry **W=**Withdrawal

Student Name	Stdt #	IEP Service Direct/Indirect		M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	Total Hours Absent	Total Hours Served