**FP 100-4B**

# Federal Programs Tutorial Program
# Teacher/Paraprofessional Daily Sign in Form

**School:** _____ **Approved Request #** _____

**Activity or Program:** _____

***Please indicate the program that applies to these stipends:***

☐ *Title I Tutorial Program*
☐ *Title III Tutorial Program*
☐ *Title IV Tutorial* ☐ *Safe & Healthy* ☐ *Well Rounded Education* ☐ *Technology PD/Technology Infrastructure*

| | | | ****SECTION MUST BE HANDWRITTEN & COMPLETE**** | | | |
|---|---|---|---|---|---|---|
| **Teacher's Name** | **Emp. I. D. #** | | **Date** | **Time In** | **Time Out** | **Teacher's Signature** |
| | | | | | | |
| **Para/Administrator Name** | **Emp. I. D. #** | | **Date** | **Time In** | **Time Out** | **Para/Administrator Signature** |
| | | | | | | |

## Student Daily Sign In

Teacher/Paraprofessional can enter time in & out for students-once for the single group activity and for each student if you have multiple groups during the day.

| **May be typed or handwritten** | | | ****SECTION MUST BE HANDWRITTEN**** |
|---|---|---|---|
| **Student's Name** | **Time In** | **Time Out** | **Student's Signature** |
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*This is to certify that the following individuals have worked 100% of their time during the period indicated above.*

**Principal's Signature:** _____ **Date:** _____