



DAILY ATTENDANCE VERIFICATION LOG

Campus: _____

Date: _____

Printed Name: _____ Signature: _____

According to TEA SAAH 3.6: *Students who are on campus at the time attendance is taken but who are not in their assigned classroom are considered in attendance for FSP purposes provided they were with a campus official (nurse, counselor, principal, teacher, other staff). This form will serve as documentation to support that a student was with a campus official at the time of official attendance when all fields of the form are completed, including a signature and date by a school official to certify the attendance event.*

Complete in blue/black in. No white out is allowed.

	Student Name (Print First Name and Last Name)	Grade Level	Student ID	Time In	Time Out	Reason
1.						☐ Intervention pull-out (☐ Math ☐ Reading ☐ tutor ☐ para) ☐ Therapy (☐ PT ☐ OT ☐ Speech) ☐ Office (☐ Nurse ☐ Counselor ☐ AP/P) ☐ Other _____
2.						☐ Intervention pull-out (☐ Math ☐ Reading ☐ tutor ☐ para) ☐ Therapy (☐ PT ☐ OT ☐ Speech) ☐ Office (☐ Nurse ☐ Counselor ☐ AP/P) ☐ Other _____
3.						☐ Intervention pull-out (☐ Math ☐ Reading ☐ tutor ☐ para) ☐ Therapy (☐ PT ☐ OT ☐ Speech) ☐ Office (☐ Nurse ☐ Counselor ☐ AP/P) ☐ Other _____
4.						☐ Intervention pull-out (☐ Math ☐ Reading ☐ tutor ☐ para) ☐ Therapy (☐ PT ☐ OT ☐ Speech) ☐ Office (☐ Nurse ☐ Counselor ☐ AP/P) ☐ Other _____
5.						☐ Intervention pull-out (☐ Math ☐ Reading ☐ tutor ☐ para) ☐ Therapy (☐ PT ☐ OT ☐ Speech) ☐ Office (☐ Nurse ☐ Counselor ☐ AP/P) ☐ Other _____
6.						☐ Intervention pull-out (☐ Math ☐ Reading ☐ tutor ☐ para) ☐ Therapy (☐ PT ☐ OT ☐ Speech) ☐ Office (☐ Nurse ☐ Counselor ☐ AP/P) ☐ Other _____
7.						☐ Intervention pull-out (☐ Math ☐ Reading ☐ tutor ☐ para) ☐ Therapy (☐ PT ☐ OT ☐ Speech) ☐ Office (☐ Nurse ☐ Counselor ☐ AP/P) ☐ Other _____
8.						☐ Intervention pull-out (☐ Math ☐ Reading ☐ tutor ☐ para) ☐ Therapy (☐ PT ☐ OT ☐ Speech) ☐ Office (☐ Nurse ☐ Counselor ☐ AP/P) ☐ Other _____
9.						☐ Intervention pull-out (☐ Math ☐ Reading ☐ tutor ☐ para) ☐ Therapy (☐ PT ☐ OT ☐ Speech) ☐ Office (☐ Nurse ☐ Counselor ☐ AP/P) ☐ Other _____

TURN THIS FORM IN ON A DAILY BASIS TO THE ATTENDANCE CLERK AFTER THE OFFICIAL ATTENDANCE TIME.

☐ Reconciled by office on _____ RETAIN THIS FORM FOR AUDIT PURPOSES.