MEMBERSHIP/ATTENDANCE FORM 2023-2024

Community Preschool Program- Early Childhood Special Education

(Teacher Name) (Program Name & School District in which Preschool Program is located) ENTER DATE AND HOURS ATTENDED OR ENTER ABSENT (A)																					
DATE (MM/DD):																					
STUDENT NAME	М	Т	W	Т	F	М	Т	W	Т	F	М	Т	W	Т	F	М	Т	W	Т	F	Total Hours attended for the month

PLEASE MARK YOUR STUDENTS' ATTENDANCE DAILY IN HOURS AND RETURN THIS FORM MONTHLY WITH YOUR INVOICE TO THE SCHOOL DISTRICT BUSINESS MANAGER AND MARSS COORDINATOR. Submitted by: