

Teacher Name: _____ Location: _____ Subjects(s): _____ Month: _____

Art – over 172 students for all classes OR more than 38 students in more than 3 of 5 classes.
 PE – over 252 students for all classes (not including Athletics) OR more than 55 students in more than 3 of 5 classes.
 ELD – over 127 students for all classes OR more than 32 students in more than 3 of 5 classes.
 SDC – over 65 students for all classes OR more than 13 student in more than 3 of 5 classes.
 All Other – over 162 students for all classes OR more than 35 students in more than 3 of 5 classes.

Instructions: Teacher complete this form on a monthly basis; have it signed by their administrator, then forward to the Business Office.

Reminder: First ten student days of each semester should not be included. Please keep a copy for your records.

Sunday	0=____ Total # ____ 1=____ 2=____ 3=____ # Over ____ 4=____ 6=____ 7=____	0=____ Total # ____ 1=____ 2=____ 3=____ # Over ____ 4=____ 6=____ 7=____	0=____ Total # ____ 1=____ 2=____ 3=____ # Over ____ 4=____ 6=____ 7=____	0=____ Total # ____ 1=____ 2=____ 3=____ # Over ____ 4=____ 6=____ 7=____	0=____ Total # ____ 1=____ 2=____ 3=____ # Over ____ 4=____ 6=____ 7=____	0=____ Total # ____ 1=____ 2=____ 3=____ # Over ____ 4=____ 6=____ 7=____	Saturday	
Sunday	0=____ Total # ____ 1=____ 2=____ 3=____ # Over ____ 4=____ 6=____ 7=____	0=____ Total # ____ 1=____ 2=____ 3=____ # Over ____ 4=____ 6=____ 7=____	0=____ Total # ____ 1=____ 2=____ 3=____ # Over ____ 4=____ 6=____ 7=____	0=____ Total # ____ 1=____ 2=____ 3=____ # Over ____ 4=____ 6=____ 7=____	0=____ Total # ____ 1=____ 2=____ 3=____ # Over ____ 4=____ 6=____ 7=____	0=____ Total # ____ 1=____ 2=____ 3=____ # Over ____ 4=____ 6=____ 7=____	0=____ Total # ____ 1=____ 2=____ 3=____ # Over ____ 4=____ 6=____ 7=____	Saturday
Sunday	0=____ Total # ____ 1=____ 2=____ 3=____ # Over ____ 4=____ 6=____ 7=____	0=____ Total # ____ 1=____ 2=____ 3=____ # Over ____ 4=____ 6=____ 7=____	0=____ Total # ____ 1=____ 2=____ 3=____ # Over ____ 4=____ 6=____ 7=____	0=____ Total # ____ 1=____ 2=____ 3=____ # Over ____ 4=____ 6=____ 7=____	0=____ Total # ____ 1=____ 2=____ 3=____ # Over ____ 4=____ 6=____ 7=____	0=____ Total # ____ 1=____ 2=____ 3=____ # Over ____ 4=____ 6=____ 7=____	0=____ Total # ____ 1=____ 2=____ 3=____ # Over ____ 4=____ 6=____ 7=____	Saturday
Sunday	0=____ Total # ____ 1=____ 2=____ 3=____ # Over ____ 4=____ 6=____ 7=____	0=____ Total # ____ 1=____ 2=____ 3=____ # Over ____ 4=____ 6=____ 7=____	0=____ Total # ____ 1=____ 2=____ 3=____ # Over ____ 4=____ 6=____ 7=____	0=____ Total # ____ 1=____ 2=____ 3=____ # Over ____ 4=____ 6=____ 7=____	0=____ Total # ____ 1=____ 2=____ 3=____ # Over ____ 4=____ 6=____ 7=____	0=____ Total # ____ 1=____ 2=____ 3=____ # Over ____ 4=____ 6=____ 7=____	0=____ Total # ____ 1=____ 2=____ 3=____ # Over ____ 4=____ 6=____ 7=____	Saturday
Sunday	0=____ Total # ____ 1=____ 2=____ 3=____ # Over ____ 4=____ 6=____ 7=____	0=____ Total # ____ 1=____ 2=____ 3=____ # Over ____ 4=____ 6=____ 7=____	0=____ Total # ____ 1=____ 2=____ 3=____ # Over ____ 4=____ 6=____ 7=____	0=____ Total # ____ 1=____ 2=____ 3=____ # Over ____ 4=____ 6=____ 7=____	0=____ Total # ____ 1=____ 2=____ 3=____ # Over ____ 4=____ 6=____ 7=____	0=____ Total # ____ 1=____ 2=____ 3=____ # Over ____ 4=____ 6=____ 7=____	0=____ Total # ____ 1=____ 2=____ 3=____ # Over ____ 4=____ 6=____ 7=____	Monthly Total _____

Remember: Write date in top left corner of each box. Cross off holidays and pupil free days.

Administrator's Signature _____

Teacher's Signature _____