

School

## **CONTRACTED PROGRAM**

TIME AND ATTENDANCE SHEET

Month of	Year

in Session

OFFICE OF SPECIAL EDUCATION AND PSYCHOLOGICAL SERVICES

Address

Code: Present - leave space blank	Enter - E
Absent - X	School is not

NAME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
																						6.11										

I do certify that the above attendance sheet is correct and is an accurate record of daily attendance of the student serviced in a program contracted by Miami-Dade County Public Schools.

Authorized S	Signature
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