Umatilla-Morrow County Head Start, Inc. Classroom Attendance Record Center_____ Month/Year_____ CFA/Teachers_____

CHILD=S NAME DATE	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	Excused/ Unexcused	Total	Parent Volunteer		
																												Class	Center Day	Other
1.																														
2.																														
3.																														
4.																														
5.																														
6.																														
7.																														
8.																														
9.																														
10.																														
11.																														
12.																														
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14.																														
15.																														
16.																														
17.																														
18.																														
19.																														
20.																														
21.																														
" **TOTAL NUMBER**																														
Breakfast/snack Count																														
Lunch Count																														
Other Adults Served Breakfast and Snack																														
Other Adults Served Lunch																														
# of Parent Volunteers this each day																														

Attendance form reviewed by

Date:

ABSENTEE TRACKING CODES

X= Un-excused

NS= No School for the Program

F= Family Situation

I= Illness (Ie., Cold, Allergies, Asthma, Flu)

H= Hospitalized

EX=exclusionary (Ie., Scabies, Chicken Pox, Measles, Strep Throat, Head Lice)

NA=Full Day Parent Has No Work or School and Not Expected to Attend on These Days (Expected Attendance Time Is Already Planned or Met)

E= Enrolled

T= Transfer

W= Withdraw

D= Death in the Family

IW= Inclement Weather

TR= Head Start Transport Issue/problem

DETAILED REASONS FOR ABSENCES (FULL DAY, SPECIFICALLY)			ATTENDANCE PLANS	
Date	**Child**	**Reason for Absence**	**Date**	**Parents/Family**