

Legal Student Name (last, first): _____

Preferred Name (last, first): _____

Teacher Name (last, first): _____

Beginning Date: 03/02/26 **Ending Date:** 04/03/26 **Days Possible:** 24

Directions: Use blue or black ink only. Mark an “E” on the day enrolled. Mark an “X” for a day of attendance. Mark a “0” for an absence. Mark a “W” on the last day of attendance/date withdrawn. Leave blank if not enrolled. List a minimum of one educational activity per day. Mark the far-right column if you met with your CT. Do not use white out. Form may not be modified. If accommodation or modifications are needed to complete this attendance form, please contact your CT.

LP Day	Date	Weekday	Attended	Educational Activity	Met w/CT
1	3/2	M			
2	3/3	T			
3	3/4	W			
4	3/5	TH			
5	3/9	M			
6	3/10	T			
7	3/11	W			
8	3/12	TH			
9	3/13	F			
10	3/16	M			
11	3/17	T			
12	3/18	W			
13	3/19	TH			
14	3/20	F			
15	3/23	M			
16	3/24	T			
17	3/25	W			
18	3/26	TH			
19	3/27	F			
20	3/30	M			
21	3/31	T			
22	4/1	W			
23	4/2	TH			
24	4/3	F			

CT Verification: Days Attended _____ + Days Absent _____ + Days Not Enrolled _____ = 24

CT Certification: _____ Date: _____