Beginning Date: Ending Date:

Where am I supposed to report, and what am I doing during the following times of the school day?

Before-School Check-in:

Class:

Morning Recess:

Class:

Lunch and Lunch Recess:

After-School Check-Out:

Date	**Did I check in this morning? (Yes or No) Administrator or Designee Signature**	**Did I follow my schedule today with no problems? (Yes or No) Administrator or Designee Signature**