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SOUTHERN PLAINS EDUCATION COOPERATIVE
201 E. 3rd Street
Fairmont, MN 56031
507-238-1472
District #0915-52

Attendance Record

Targeted Services

School 050

Location _____
(District & building)

Teacher: _____ Month: _____ Days/Time Group Meets: _____

Please mark "X" for attendance and "A" if absent. If student did not attend for full scheduled time, please indicate amount of time attended.

Please Print Legibly	M	T	W	T	F		M	T	W	T	F		M	T	W	T	F		M	T	W	T	F		OFFICE	USE ONLY
STUDENT NAME ▼ / DATE ►																									ATTEND.	MEMB.
																									HOURS	HOURS

By the 5th day of the following month, please send to: Shelley @ SPEC office (Fax: 238-2361 or email: shelly.junkermeier@southernplainscoop.org).

TEACHER SIGNATURE: _____ DATE: _____