

Pawtucket School Department

Class Coverage Daily Enrollment Form

Regular Classroom Teacher

School: _____ Quarter: _____ Grade: _____

Teacher's Name: _____ Coverage Date: _____

Class That Was Uncovered

Teacher's Name: _____ Grade: _____ Nbr. Of Students Present: _____

Names of additional students:

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Delete time with Students:

<u>Itinerant Teacher's Name</u>	<u>Subject Area</u>	<u>Time Covered</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Teacher's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____

(submit this form to your building Principal by Friday of each week)