



Time Document

Student: _____

Teacher: _____

TA: _____

Course Title: _____

NCES Code: _____

Month: _____

| Date | # of ACE students in group | Begin Time | End Time | Total Time (1/4 hour increments) | Parent/Guardian Initials |
|--------------------|----------------------------|------------|----------|----------------------------------|--------------------------|
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| TOTAL HOURS | | | | | |

Work Sample

Monthly Work Sample Attached

Submitted by Mrs. Risley

Emergency Drill

Fire drill (odd months)

Earthquake (even months)

Date: _____

Street Address: _____

Parent/Guardian signature (verifying classes held): _____

Teacher signature (verifying classes held): _____