California School for the Deaf, Fremont EVENING ATTENDANCE REPORT

COTTAGE COUNSELORS SHALL NOT GO OFF DUTY BEFORE COMPLETING THIS REPORT AND WITHOUT VERIFYING THE STUDENT COUNT WITH THE NIGHT ATTENDANT EVENING COTTAGE COUNSELORS MUST FILL OUT THIS REPORT 30 MINUTES AFTER BED TIME

COTTAGE	:	DAY:	DATE:	TIME OF REPOR	RT:
OFFICIA	L COTTA	GE ROSTER:	_		
			ABSENT STUDENTS	LOCATION OR SHU	REASON
COTTAG	SE STUDEN	ITS PRESENT:			
GUES	ST STUDEN	ITS PRESENT:			_
СОТТ	AGE STUD	ENTS AT SHU:	_		
COTTA	GE STUDE	NTS ABSENT:			
т	OTAL COU	NT PRESENT:			
TIME	COUNT	ROUNDS /	OCCURANCES / REMARKS	(Before NA shift begins)	INITIALS
PERTINE	NT INFOR	MATION FOR STAFF	(Student concerns, new med	ls, SHU check up, etc.)	
					_
		•			
1st Staff Printed Name			Signature		_ Count
2 nd Staff Printed Name			Signature		_ Count
NA Printed Name		Signature	Count		

REPORT SUPERVISOR IMMEDIATELY IF BOTH COUNTS DO NOT MATCH

	E: DATE: SECURITY PHONE: 510-714-7795 & 510-714-9058 (use both) / SHU: 510-794-3747 & VP 510-344-6111				
		RECORD ANY NIGHT-TIME OCCURANCES			
Record any occurrences: changes in student's location, SHU contacts, student leaving bedroom and persons entering the cot					
ГІМЕ	COUNT	ROUNDS / OCCURANCES / REMARKS			
-					

Day Counselor Verification: Printed Name: ______ Signature: _____