

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 REPORT: _____

OFFICIAL COTTAGE ROSTER: _____

	ABSENT STUDENTS	LOCATION OR SHU	REASON
COTTAGE STUDENTS PRESENT: _____			
GUEST STUDENTS PRESENT: _____			
COTTAGE STUDENTS AT SHU: _____			
COTTAGE STUDENTS ABSENT: _____			
TOTAL COUNT PRESENT: _____			

TIME	COUNT	ROUNDS / OCCURANCES / REMARKS (Before NA shift begins)	INITIALS

PERTINENT INFORMATION FOR STAFF (Student concerns, new meds, SHU check up, etc.)

1st Staff Printed Name _____ Signature _____ Count _____

2nd Staff Printed Name _____ Signature _____ Count _____

NA Printed Name _____ Signature _____ Count _____

REPORT SUPERVISOR IMMEDIATELY IF BOTH COUNTS DO NOT MATCH

