

October 2017 Attendance Log

Volunteer Name: _____ **School:** _____

Teacher(s) Name: _____ **Grade(s):** _____ **Room(s):** _____

- Please print legibly
- Fill in number of tutoring minutes per day, round to nearest 5.
- Reminder each session should be 30 minutes.

Coordinator verified information is accurate

Coordinator Initials: _____

Date: ____/____/____

Week 1: Oct 2-5

Student Name (Last Name, First Name)	Monday, 2	Tuesday, 3	Wednesday, 4	Thursday, 5

Week 2: Oct 9-12

Student Name (Last Name, First Name)	Monday, 9	Tuesday, 10	Wednesday, 11	Thursday, 12

Week 3: Oct 16-19

Student Name (Last Name, First Name)	Monday, 16	Tuesday, 17	Wednesday, 18	Thursday, 19

Week 4: Oct 23-26

Student Name (Last Name, First Name)	Monday, 23	Tuesday, 24	Wednesday, 25	Thursday, 26

Week 5: Oct 30-31

Student Name (Last Name, First Name)	Monday, 30	Tuesday, 31		

Cleveland Metropolitan School District - No School (Closed)

- Monday, October 9, 2017
- Wednesday, October 25, 2017

Euclid City Schools - No School (Closed)