ATTACHMENT K

CAMHD-DOE Monthly Education Attendance Report

STATE OF HAWAII
CAMHD – DOE
EDUCATION ATTENDANCE REPORT (Sample Format)

Date: _____

Provider: _____ Type of Program: _____. From: _____

Program/Facility Name: _____ Service Code: _____

	Client Name (Alphabetically last name, first name)	Home School	Select One (IDEA/ 504)	Current IEP/MP Date	Days of the Month																															# of Days
					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1																																				
2																																				
3																																				
4																																				
5																																				
6																																				
7																																				
8																																				
9																																				
	Total By Days																																			
	Total by Month																																			

P = Present
A = Absent

_____
Provider Signature – Verifying all information provided above are correct and true.

_____
District Educational Specialist Signature Date

Provider Note:
Provider Note:

Provider Note:
D.E.S. Notes: