# District Days, Hours, and Attendance Tracking Document

District Name:

Building:

**DEADLINE**: Districts must provide this tracking document to their pupil membership auditor no later than July 15 of the current school year.

## EXCEPTIONS

1. Does the district have a Department waiver lowering the day, hour, or attendance requirement, or allowed for additional forgiven days?  Yes  No
2. Did your district operate under a collective bargaining agreement that allowed for fewer than 180 days?  Yes  No
3. Did your district operate under a collective bargaining agreement that allowed PD hours to be counted toward the hour requirement?  Yes  No

## DAYS AND HOURS

| A1 | A2 | A3 | A4 | A5 | A6 | A7 | A8 | A9 | A10 | A11 | A12 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| (Group Number) &  Building/Grade/Program | Number of Original Days | Total Days Canceled | Total Days Rescheduled | Days Forgiven | Total Days  (A2-A3+A4+A5) | Number of Original Hours | Total Hours Canceled | Total Hours Rescheduled  (Less PD Hours) | Hours Forgiven | Total PD Hours | Total Hours  (A7-A8+A9+A10+A11) |
| *(1):* |  |  |  |  |  |  |  |  |  |  |  |
| (2): |  |  |  |  |  |  |  |  |  |  |  |
| (3): |  |  |  |  |  |  |  |  |  |  |  |
| (4): |  |  |  |  |  |  |  |  |  |  |  |
| (5): |  |  |  |  |  |  |  |  |  |  |  |
| (6): |  |  |  |  |  |  |  |  |  |  |  |
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| (8): |  |  |  |  |  |  |  |  |  |  |  |
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| (11): |  |  |  |  |  |  |  |  |  |  |  |
| (12): |  |  |  |  |  |  |  |  |  |  |  |
| (13): |  |  |  |  |  |  |  |  |  |  |  |
| (14): |  |  |  |  |  |  |  |  |  |  |  |
| (15): |  |  |  |  |  |  |  |  |  |  |  |

# District Days, Hours, and Attendance Tracking Document

District Name:

Building:

## EVENT AND CANCELATION TRACKING

| B1 | B2 | B3 | | | | | | | | | | | | | | | B4 | B5 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Type and Reason   1. Day Canceled – Reason 2. Late Start – Reason 3. Early Release - Reason | Canceled Hours for Each Group Number Identified in A1 | | | | | | | | | | | | | | | Date Instruction  Rescheduled | Number of Hours  Rescheduled |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) | (13) | (14) | (15) |
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# District Days, Hours, and Attendance Tracking Document

District Name:

Building:

Complete a record for each date where district-wide attendance fell below the attendance requirement.

C1: Date

C2: Number of Pupils Scheduled – Report the number of pupils who were expected/scheduled to attend school on the given date. *Do not include the pupil membership for those buildings/grade levels that were not scheduled or closed for pupil instruction that day.*

C3: Number of Pupils Present – Report the number of pupils in attendance district-wide on the given date.

C4: Percent in Attendance – Divide column C3 by column C2.

C5: Attendance Requirement for Date – 75% for all days included in the original calendar; 60% for all days rescheduled to occur at the end of the year; 50% for districts with an alternative education waiver from the Department. *(Please provide auditor with a copy of the District’s Percent Attendance Report)*

## ATTENDANCE TRACKING

| 1 | C1 | C2 | C3 | C4 | C5 | 2 | C1 | C2 | C3 | C4 | C5 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Number of Pupils Scheduled | Number of Pupils Present | Percent in Attendance | Attendance Requirement for Date | Date | Number of Pupils Scheduled | Number of Pupils Present | Percent in Attendance | Attendance Requirement for Date |
| 1: |  |  |  |  |  | 14: |  |  |  |  |  |
| 2: |  |  |  |  |  | 15: |  |  |  |  |  |
| 3: |  |  |  |  |  | 16: |  |  |  |  |  |
| 4: |  |  |  |  |  | 17: |  |  |  |  |  |
| 5: |  |  |  |  |  | 18: |  |  |  |  |  |
| 6: |  |  |  |  |  | 19: |  |  |  |  |  |
| 7: |  |  |  |  |  | 20: |  |  |  |  |  |
| 8: |  |  |  |  |  | 21: |  |  |  |  |  |
| 9: |  |  |  |  |  | 22: |  |  |  |  |  |
| 10: |  |  |  |  |  | 23: |  |  |  |  |  |
| 11: |  |  |  |  |  | 24: |  |  |  |  |  |
| 12: |  |  |  |  |  | 25: |  |  |  |  |  |
| 13: |  |  |  |  |  | 26: |  |  |  |  |  |

## CERTIFICATION

I certify that the information submitted in this report is true and correct to the best of my knowledge.

Printed Name:

Signature:

Date: