

Date \_\_\_\_\_

*Calhoun County  
 Attendance Roster*

Page \_\_\_\_ of \_\_\_\_

PROVIDER'S NAME	SCHOOL	NAME OF SES INSTRUCTOR PROVIDING SERVICE

STUDENT'S NAME	TIME IN	SESSION BEGINS	SESSION ENDS	TIME OUT	AUTHORIZED ADULT SIGNATURE

**TUTOR'S SIGNATURE VERIFIES ALL DATA RECORDED ON THE ATTENDANCE ROSTER IS COMPLETE AND ACCURATE.**

\_\_\_\_\_

**SES TUTOR'S SIGNATURE AND DATE**

CALHOUN COUNTY SCHOOLS