



**State Compensatory Education-Credit Recovery Program
Student's Daily Attendance 2023-2024**

Name of Teacher/Staff: _____
Date Holding Session: _____
Subject Area(s): _____
Campus Name: _____

All students participating in the Credit Recovery program must be identified as At-Risk and/or Eco. Dis.

	Student ID	Student's Name (Print)	Student's Signature	Time In	Time Out
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Teacher's/Staff's Name (Print)

Teacher's/Staff's Signature

I am aware that any false, fictitious or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims." [2 CFR 200.415 (UGG)]