

Lincoln Street Charter School Daily Engagement Record

Student Name: _____ Grade: _____ Teacher: _____
 Dates: 9/18/17-10/13/17 Days Taught: 20 days Month: 2

Parent- For each day, please check the subject(s) in which the student was engaged.

Mon 9/18/17	Tues 9/19/17	Wed 9/20/17	Thurs 9/21/17	Fri 9/22/17
<input type="checkbox"/> Math <input type="checkbox"/> LA <input type="checkbox"/> SS <input type="checkbox"/> Sci <input type="checkbox"/> PE <input type="checkbox"/> Other	<input type="checkbox"/> Math <input type="checkbox"/> LA <input type="checkbox"/> SS <input type="checkbox"/> Sci <input type="checkbox"/> PE <input type="checkbox"/> Other	<input type="checkbox"/> Math <input type="checkbox"/> LA <input type="checkbox"/> SS <input type="checkbox"/> Sci <input type="checkbox"/> PE <input type="checkbox"/> Other	<input type="checkbox"/> Math <input type="checkbox"/> LA <input type="checkbox"/> SS <input type="checkbox"/> Sci <input type="checkbox"/> PE <input type="checkbox"/> Other	<input type="checkbox"/> Math <input type="checkbox"/> LA <input type="checkbox"/> SS <input type="checkbox"/> Sci <input type="checkbox"/> PE <input type="checkbox"/> Other

Parent Signature: _____ Date: _____

Mon 9/25/17	Tues 9/26/17	Wed 9/27/17	Thurs 9/28/17	Fri 9/29/17
<input type="checkbox"/> Math <input type="checkbox"/> LA <input type="checkbox"/> SS <input type="checkbox"/> Sci <input type="checkbox"/> PE <input type="checkbox"/> Other	<input type="checkbox"/> Math <input type="checkbox"/> LA <input type="checkbox"/> SS <input type="checkbox"/> Sci <input type="checkbox"/> PE <input type="checkbox"/> Other	<input type="checkbox"/> Math <input type="checkbox"/> LA <input type="checkbox"/> SS <input type="checkbox"/> Sci <input type="checkbox"/> PE <input type="checkbox"/> Other	<input type="checkbox"/> Math <input type="checkbox"/> LA <input type="checkbox"/> SS <input type="checkbox"/> Sci <input type="checkbox"/> PE <input type="checkbox"/> Other	<input type="checkbox"/> Math <input type="checkbox"/> LA <input type="checkbox"/> SS <input type="checkbox"/> Sci <input type="checkbox"/> PE <input type="checkbox"/> Other

Parent Signature: _____ Date: _____

Mon 10/2/17	Tues 10/3/17	Wed 10/4/17	Thurs 10/5/17	Fri 10/6/17
<input type="checkbox"/> Math <input type="checkbox"/> LA <input type="checkbox"/> SS <input type="checkbox"/> Sci <input type="checkbox"/> PE <input type="checkbox"/> Other	<input type="checkbox"/> Math <input type="checkbox"/> LA <input type="checkbox"/> SS <input type="checkbox"/> Sci <input type="checkbox"/> PE <input type="checkbox"/> Other	<input type="checkbox"/> Math <input type="checkbox"/> LA <input type="checkbox"/> SS <input type="checkbox"/> Sci <input type="checkbox"/> PE <input type="checkbox"/> Other	<input type="checkbox"/> Math <input type="checkbox"/> LA <input type="checkbox"/> SS <input type="checkbox"/> Sci <input type="checkbox"/> PE <input type="checkbox"/> Other	<input type="checkbox"/> Math <input type="checkbox"/> LA <input type="checkbox"/> SS <input type="checkbox"/> Sci <input type="checkbox"/> PE <input type="checkbox"/> Other

Parent Signature: _____ Date: _____

Mon 10/9/17	Tues 10/10/17	Wed 10/11/17	Thurs 10/12/17	Fri 10/13/17
<input type="checkbox"/> Math <input type="checkbox"/> LA <input type="checkbox"/> SS <input type="checkbox"/> Sci <input type="checkbox"/> PE <input type="checkbox"/> Other	<input type="checkbox"/> Math <input type="checkbox"/> LA <input type="checkbox"/> SS <input type="checkbox"/> Sci <input type="checkbox"/> PE <input type="checkbox"/> Other	<input type="checkbox"/> Math <input type="checkbox"/> LA <input type="checkbox"/> SS <input type="checkbox"/> Sci <input type="checkbox"/> PE <input type="checkbox"/> Other	<input type="checkbox"/> Math <input type="checkbox"/> LA <input type="checkbox"/> SS <input type="checkbox"/> Sci <input type="checkbox"/> PE <input type="checkbox"/> Other	<input type="checkbox"/> Math <input type="checkbox"/> LA <input type="checkbox"/> SS <input type="checkbox"/> Sci <input type="checkbox"/> PE <input type="checkbox"/> Other

Parent Signature: _____ Date: _____

Lincoln Street Charter School recognizes that families may not evenly distribute student’s work assignments over weekdays. However, due to strict State law requirements for charter school attendance, Lincoln Street Charter School expects each student to be engaged in an educational activity required of them in the assignments on each weekday that the school is in session, and asks that this “daily engagement” be documented on a daily basis on this sheet by the parent/guardian. This should not be read to prohibit schoolwork on weekends and should not be read to dictate the manner in which a family distributes the assignments over the independent study period. Lincoln Street Charter School asks that a parent/guardian refrain from documenting any “daily engagement” on a day where a student did not engage in any educational activity required of them by the assignments. By law, work done on weekends or other days when school is not in session cannot be used to “make-up” weekdays where no “daily engagement” occurred.

For Supervising Teacher Completion:

a. Days of Daily Engagement on educational activities required by the school on days the school is in session: _____

b. Time Value of Student Work Product (measured in days): _____

Attendance approved by Teacher: _____ [insert lesser of a & b]

Signature of Supervising Teacher: _____

Date: _____