

WILLIAM S. HART UNION HIGH SCHOOL DISTRICT

CAHSEE Intervention Program  
Student Attendance Register

School \_\_\_\_\_ Date \_\_\_\_\_

Instructor \_\_\_\_\_ Class \_\_\_\_\_

LAST NAME, FIRST	GRADE	Status of ADA	
		List # of Hours Attended	If Saturday (list date of prior absence)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

Signature of CAHSEE Coordinator \_\_\_\_\_

Report students as EARNED ADA if there has been any absence prior to date of Saturday class. If no prior absence indicate hours attended.