

IEP Itinerant Teacher Sign-in/out Sheet

Child's Name: _____

Month: _____

Head Start Teacher's Name: _____

Classroom: _____

ESC Teacher's Name: _____

School District: _____

Date	Signature	Time Out	Signature	Time In

Child's Name: _____

Month: _____

Sign in/out sheets are to be turned in to the Central Office monthly with the Attendance Sheets. Sign in/out sheets will be filed in the child's individual child's disability file. One child per sheet.

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