

# STUDENT ACCOUNTABILITY FORM

TEACHER: \_\_\_\_\_ ROOM #: \_\_\_\_\_

PERIOD: \_\_\_\_\_

CLASS: \_\_\_\_\_

ALL STUDENTS PRESENT

PLANNING PERIOD

## DO NOT INCLUDE STUDENTS WHO ARE ABSENT

The following students are missing:

NAME	LAST KNOWN LOCATION	FOUND
1.		<input type="checkbox"/>
2.		<input type="checkbox"/>
3.		<input type="checkbox"/>
4.		<input type="checkbox"/>
5.		<input type="checkbox"/>
6.		<input type="checkbox"/>
7.		<input type="checkbox"/>
8.		<input type="checkbox"/>
9.		<input type="checkbox"/>
10.		<input type="checkbox"/>
11.		<input type="checkbox"/>
12.		<input type="checkbox"/>
13.		<input type="checkbox"/>
14.		<input type="checkbox"/>
15.		<input type="checkbox"/>

PLEASE SEND FORM WITH A STUDENT  
TO AN ADMINISTRATOR ON THE 50 YARD LINE

REMAIN WITH YOUR STUDENTS AT ALL TIMES