

STUDENT NAME _____ GRADE _____

TRA Attendance/Work Reporting Week _____ Dates _____

Please fill out for each student—each day. Count hours spent during remote teaching AND work done at home.

Course Name	Hours	NOTES
Location of Teaching: <i>Circle ONE</i> Remote from TRA At Home Other	Mon	
	Tues	
	Wed	
	Thur	
	Fri	
Location of Teaching: <i>Circle ONE</i> Remote from TRA At Home Other	Mon	
	Tues	
	Wed	
	Thur	
	Fri	
Location of Teaching: <i>Circle ONE</i> Remote from TRA At Home Other	Mon	
	Tues	
	Wed	
	Thur	
	Fri	
Location of Teaching: <i>Circle ONE</i> Remote from TRA At Home Other	Mon	
	Tues	
	Wed	
	Thur	
	Fri	

Total Days of School Attendance this Week _____

Total Number of Hours spent on School Work this Week _____

TRA Attendance/Work Reporting Week _____ Dates _____

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	Tues	
	Wed	
	Thur	
	Fri	
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