



HOMESCHOOL SIGN-IN/SIGN-OUT FORM

SHORT TERM PROGRAM

Please fill out this form and return to your coordinator with evaluations and Interchange materials. Make extra copies of form as needed.

Teacher Name: _____ Student Name: _____

LESSON #1

Date: _____ Teaching began: _____ Teaching ended: _____

Teacher Signature

Student Signature

LESSON #2

Date: _____ Teaching began: _____ Teaching ended: _____

Teacher Signature

Student Signature

LESSON #3

Date: _____ Teaching began: _____ Teaching ended: _____

Teacher Signature

Student Signature

LESSON #4

Date: _____ Teaching began: _____ Teaching ended: _____

Teacher Signature

Student Signature

LESSON #5

Date: _____ Teaching began: _____ Teaching ended: _____

Teacher Signature

Student Signature

LESSON #6

Date: _____ Teaching began: _____ Teaching ended: _____

Teacher Signature

Student Signature

LESSON #7

Date: _____ Teaching began: _____ Teaching ended: _____

Teacher Signature

Student Signature

LESSON #8

Date: _____ Teaching began: _____ Teaching ended: _____

Teacher Signature

Student Signature

LESSON #9

Date: _____ Teaching began: _____ Teaching ended: _____

Teacher Signature

Student Signature

LESSON #10

Date: _____ Teaching began: _____ Teaching ended: _____

Teacher Signature

Student Signature

LESSON #11

Date: _____ Teaching began: _____ Teaching ended: _____

Teacher Signature

Student Signature

LESSON #12

Date: _____ Teaching began: _____ Teaching ended: _____

Teacher Signature

Student Signature

LESSON #13

Date: _____ Teaching began: _____ Teaching ended: _____

Teacher Signature

Student Signature

LESSON #14

Date: _____ Teaching began: _____ Teaching ended: _____

Teacher Signature

Student Signature

LESSON #15

Date: _____ Teaching began: _____ Teaching ended: _____

Teacher Signature

Student Signature

LESSON #16

Date: _____ Teaching began: _____ Teaching ended: _____

Teacher Signature

Student Signature