

Fourth Grade At-Risk After-School Tutoring Program

Attendance and Point of Service Snack Form

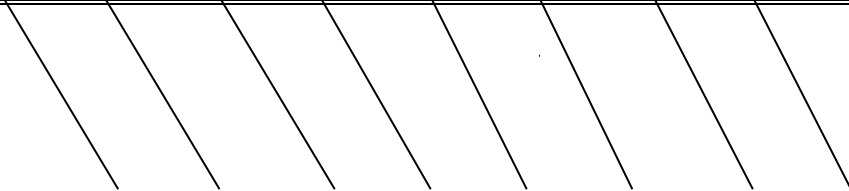
School: _____

Month: _____

Tutor: _____

STUDENT NAME	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
Attendance Total								
Total Snacks Served								

DAILY Signature of *Point of Service Recorder*



A - Absent; **P** - Present
0 - No Snack; **Check Mark (✓)** - Received Snack

*Cafeteria Managers need to enter total number of snacks distributed *at the end of each week*. Give Manager a copy of this completed form at the end of each month.

*Send **ORIGINAL ATTENDANCE/SNACK ROSTER** to Attention: Teresa vonDiezelski (Central Office) at the end of each month*