STUDENT ACCOUNTABILITY FORM

Teacher		Room #:	
Time	Period	Class _	
	ALL STUD	ENTS PRESENT	
	MISSIN	G STUDENTS	
NAME		LAST KNOWN LOCATION	FOUND
	EXTRA	A STUDENTS	
NAME		SCHEDULED LOCATION	FOUND

INURED STUDENTS

NAME	INJURY	NURSE N	OTIFIED
		YES	NO

ADDITIONAL STAFF/VISITORS

NAME	SCHEDULED LOCATION

ADDITIONAL NOTES/CONCERNS