

Quality Education - Invitation to Service

Hourly
_____ **Quarterly School Report**

DO NOT COMPLETE BEFORE END OF FIRST QUARTER
SEND TO CONFERENCE OFFICE WITHIN ONE WEEK FROM END OF QUARTER

School _____

Beginning date: _____ Ending date: _____

Total number of student contact **hours this quarter**: _____

If the information on this form differs from your submitted calendar, please record the missed days. Make note if it was because of an emergency or weather related. If a change was made to the school schedule, attach a board approved calendar change, and explain when the day(s) will be made up.

1. _____ 2. _____ 3. _____

List any non-teacher-student instructional days included in this quarter:

1. _____ 2. _____ 3. _____

Dates of monthly emergency drills this quarter: **(Monthly fire drill required by state law)**

1. _____
2. _____
3. _____
4. _____
5. _____

Number of pupils in the following grades:

PK ___ K ___ 1st ___ 2nd ___ 3rd ___ 4th ___ 5th ___ 6th ___ 7th ___ 8th ___ 9th ___ 10th ___ **Total** _____

Principal's/Teacher's signature

Date

Superintendent's signature

Date