MEM-3776.1
August 2, 2007

ATTACHMENT F-2

BEYOND THE BELL BRANCH
RLA/ELP/ELAP Program
Elementary Weekly Attendance Report

Please indicate for each program the day(s) that you meet:
ELAP: _____
ELP: _____
RLA: _____
ie: ELP: M & Th
RLA: Sat only
ELAP: Th & Sat

School_____ Week of: _____
(Monday – Saturday)

Directions: Enter the number of students in attendance at each grade level by teacher/program. For programs meeting Saturday only, enter total number of students in attendance. Monday – Friday programs meeting multiple days, please report the in-seat attendance for the first meeting day of the week.

Teacher Name	Subject	GR K ELP	GR 1 RLA	GR 1 ELP	GR 2 RLA	GR 2 ELP	GR 3 ELP	GR 4 ELP	GR 4 ELAP	GR 5 ELP	GR 5 ELAP	GR 6 RLA	GR 6 ELP	GR 6 ELAP

I certify that the above figures have been verified and are true and correct.

_____ _____ _____
RLA Name (please print) RLA Signature Date

Please fax the form to Russ Cornell, Beyond the Bell, at (213) 241-6856 by the end of the session each Saturday for week's attendance. In addition, please fax a copy to your Local District Intervention/Testing Coordinator.