



NOT FOR REPLICATION

 School Specialty
Planning & Student Development

CLASS
RECORD

.....
www.schoolspecialty.com • 1.888.388.3224

Substitute Information

SCHOOL SCHEDULE

School Begins

A.M. Break

Lunch

School Resumes

P.M. Break

Dismissal

CLASSROOM SCHEDULE

Class Begins

No. of Students

Class Ends

Lunch Time

Lunch Count

GET HELP FROM

Teacher(s)

Student(s)

Secretary

Principal

Counselor

Nurse

Custodian

Transportation

DISCIPLINE PROCEDURES

DISMISSAL PROCEDURES

EMERGENCY PROCEDURES

DISASTER PROCEDURES

HEALTH/MEDICAL INFORMATION

Student(s) with Special Needs

Nurse Schedule

First Aid

AUDIO-VISUAL EQUIPMENT PROCUREMENT PROCEDURES

NOTES

Student Roster

STUDENT NAMES	PARENT/GUARDIAN NAMES	HOME PHONE	WORK PHONE
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Parent Conferences

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Seating Plans

CLASS _____ PERIOD _____ ROOM _____

CLASS _____ PERIOD _____ ROOM _____

CLASS _____ PERIOD _____ ROOM _____

CLASS _____ PERIOD _____ ROOM _____

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Seating Plans

CLASS _____ PERIOD _____ ROOM _____

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CLASS _____ PERIOD _____ ROOM _____

CLASS _____ PERIOD _____ ROOM _____

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FIRST QUARTER

No. In Class	A or E	B or S	C or M	D or I	F	Quarter

PERIOD _____ SEMESTER _____

Subject	1st WEEK					2nd WEEK					3rd WEEK					4th WEEK					5th WEEK				
	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F
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Grade																									
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NOT FOR REPLICATION

THE BLANK COLUMNS AT THE RIGHT MAY BE USED TO INDICATE ASSIGNMENTS.

▼ STUDENT ID. NO. AND/OR NAME ▼

SECOND QUARTER

No. In Class	A or E	B or S	C or M	D or I	F	Quarter

PERIOD _____ SEMESTER _____

Subject	1st WEEK					2nd WEEK					3rd WEEK					4th WEEK					5th WEEK					
	Indicate Calendar Date																									
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DISTRIBUTION	A	B	C	D	F	TOTAL
NUMBER RECEIVING						
PERCENT RECEIVING						100

No. In Class	A or E	B or S	C or M	D or I	F	Quarter

FIRST SEMESTER

6th WEEK					7th WEEK					8th WEEK					9th WEEK					10th WEEK					Daily Average	Exam	Grade	First Quarter	Second Quarter	Semester Exam	Final	
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THIRD QUARTER

No. In Class	A or E	B or S	C or M	D or I	F		Quarter

PERIOD _____ SEMESTER _____

		1st WEEK					2nd WEEK					3rd WEEK					4th WEEK					5th WEEK									
Subject																															
Indicate Calendar Date																															
Grade		M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F
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FOURTH QUARTER

No. In Class	A or E	B or S	C or M	D or I	F		Quarter

PERIOD _____ SEMESTER _____

		1st WEEK					2nd WEEK					3rd WEEK					4th WEEK					5th WEEK									
Subject																															
Indicate Calendar Date																															
Grade		M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F
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DISTRIBUTION	A	B	C	D	F	TOTAL
NUMBER RECEIVING						
PERCENT RECEIVING						100

No. In Class	A or E	B or S	Cor M	D or I	F	Quarter

SECOND SEMESTER

6th WEEK					7th WEEK					8th WEEK					9th WEEK					10th WEEK					Daily Average	Exam	Grade	Third Quarter	Fourth Quarter	Semester Exam	Final	
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INSTRUCTIONS:

Fill in each test date. If student passes test, a (✓) mark is to be inserted on the line with name. If test is not mastered, leave blank.

▼ STUDENT ID. NO. AND/OR NAME ▼

TEST DATE

MASTERY TEST

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NOT FOR REPLICATION

TEST DATE

MASTERY TEST

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9/10 WEEK CLASS RECORD BOOK

- 8 1/2" X 11"
- 40 STUDENTS
- 8 SUBJECT
- GREEN/RED



MADE IN USA