

## School Attendance Records Form

|                 |  |                 |  |                |                 |
|-----------------|--|-----------------|--|----------------|-----------------|
| School ID       |  | School Name     |  |                |                 |
| School Type     |  | District        |  | Academic Year  | 2015/2016       |
| Surveyor's Code |  | Surveyor's Name |  | Date of Record | __ __ July 2016 |

### KG Teacher School Attendance Record

|  |              | 1 <sup>st</sup> Term (8 <sup>th</sup> Sept. - 17 <sup>th</sup> Dec. 2015) |                            |   |     | 2 <sup>nd</sup> Term (12 <sup>th</sup> Jan. - 14 <sup>th</sup> April 2016) |                            |   |     | 3 <sup>rd</sup> Term (10 <sup>th</sup> May - 28 <sup>th</sup> July 2016) |                            |   |     |
|--|--------------|---|----------------------------|---|-----|--|----------------------------|---|-----|--|----------------------------|---|-----|
| Total number of weeks per term                       |              | / /   |                            |   |     | / /  |                            |   |     | / /  |                            |   |     |
| Total number of active school days per term          |              | / / /   |                            |   |     | / / /  |                            |   |     | / / /  |                            |   |     |
| Total number of national and school-related holidays |              | National / / / School / / /   |                            |   |     | National / / / School / / /  |                            |   |     | National / / / School / / /  |                            |   |     |
| Teacher ID   | Teacher Name | # Total attendance  | # No or incomplete records | Was teacher absent for 14 days or more in a row in this term? |     | # Total attendance   | # No or incomplete records | Was teacher absent for 14 days or more in a row in this term? |     | # Total attendance   | # No or incomplete records | Was teacher absent for 14 days or more in a row in this term? |     |
|  |              |   |                            | Yes/No  | #   |  |                            | Yes/No  | #   |  |                            | Yes/No  | #   |
|  |              | / /   | / /                        |   | / / | / /  | / /                        |   | / / | / /  | / /                        |   | / / |
|  |              | / /   | / /                        |   | / / | / /  | / /                        |   | / / | / /  | / /                        |   | / / |
|  |              | / /   | / /                        |   | / / | / /  | / /                        |   | / / | / /  | / /                        |   | / / |
|  |              | / /   | / /                        |   | / / | / /  | / /                        |   | / / | / /  | / /                        |   | / / |
|  |              | / /   | / /                        |   | / / | / /  | / /                        |   | / / | / /  | / /                        |   | / / |
|  |              | / /   | / /                        |   | / / | / /  | / /                        |   | / / | / /  | / /                        |   | / / |
|  |              | / /   | / /                        |   | / / | / /  | / /                        |   | / / | / /  | / /                        |   | / / |
|  |              | / /   | / /                        |   | / / | / /  | / /                        |   | / / | / /  | / /                        |   | / / |
|  |              | / /   | / /                        |   | / / | / /  | / /                        |   | / / | / /  | / /                        |   | / / |
|  |              | / /   | / /                        |   | / / | / /  | / /                        |   | / / | / /  | / /                        |   | / / |
|  |              | / /   | / /                        |   | / / | / /  | / /                        |   | / / | / /  | / /                        |   | / / |
|  |              | / /   | / /                        |   | / / | / /  | / /                        |   | / / | / /  | / /                        |   | / / |