SPECIAL NEEDS & PREK ACCOUNTABILITY FORM

MONTH _____ SCHOOL _____

BUS _____ DRIVER _____ AIDE _____

DATE	MON			TUE			WED			THURS			FRI			MON			TUE			WED			THURS			FRI		
	AM	MID	PM	AM	MID	PM	AM	MID	PM	AM	MID	PM	AM	MID	PM	AM	MID	PM	AM	MID	PM	AM	MID	PM	AM	MID	PM	AM	MID	PM
STUDENT'S NAME																														

DOCUMENT THE TIME OF PICK UP AND TIME OF DROP OFF IN THE BOX WHEN THE STUDENT IS TRANSPORTED.

PLACE "NS" IN THE BOX WHEN THE STUDENT IS A NO SHOW FOR PICK UP.

PLACE AN "X" IN THE BOX WHEN THE STUDENT IS NOT TRANSPORTED.

TURN IN COMPLETED FORM TO YOUR LEAD DRIVER ON THE FIRST OF EACH MONTH.