

H.I. SEQ #:

Teacher:

Supervisor:

**FORM 407**

DATE REPORTED \_\_\_\_\_

**ATTENDANCE TEACHER'S**

**ABSENTEE REPORT**

BORO	DISTRICT	SCHOOL	GRADE	CLASS	CSE: YES <input type="checkbox"/> NO <input type="checkbox"/>
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LAST NAME		FIRST NAME		M.I.	SCHOOL OF AFFILIATION:																														
NYC STUDENT ID NUMBER		SEX (M, F)	DATE OF BIRTH (MO/DAY/YR)	ADMIT DATE TO H.I.	DIAGNOSIS:																														
PARENT OR GUARDIAN		ADDRESS - NUMBER STREET - NAME ON DOORBELL			APT/FLOOR	BORO	ZIP CODE	TELEPHONE NUMBER: ( )																											
TOTAL DAYS ABSENT		DATES OF ABSENT														TOTAL DAYS ABS		Bus. Phone #:																	
SINCE SEPT. 1		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	THIS MONTH		Other #'s:
LAST SCH. YR																														LAST MONTH					

CASE NO	DATE ASSIGNED	A.T. INITIALS	DATE CLOSED	A.T. SIGNATURE	FOR "NOT FOUND" DISCHARGE SUPERVISOR'S INITIALS		
PERSON(S) INTERVIEWED	MONTH / DAY	HOUR	PERSON(S) INTERVIEWED	MONTH / DAY	HOUR		
			DISPOSITION			SPECIAL ALERT	
			1 IF IN ATTEND <input checked="" type="checkbox"/> AND ENTER DATE	2 IF DISCHARGE <input checked="" type="checkbox"/> AND ENTER DATE	DISCH CODE		
			<input type="checkbox"/>	<input type="checkbox"/>			

ATTENDANCE TEACHER AND/OR SUPERVISOR

IF ATTENDING OTHER SCHOOL ENTER NEW BORO, DISTRICT, SCHOOL: \_\_\_\_\_

IF NEW STUDENT ADDRESS, ENTER: \_\_\_\_\_

IF OVER 17 DISCHARGE, DATE LETTER(S) SENT BY SCHOOL: \_\_\_\_\_

SUPERVISOR/TEACHER COMMENT: \_\_\_\_\_

ATTENDANCE TEACHER'S CASE HISTORY: \_\_\_\_\_

CASE ENTERED

RECOMMENDATIONS BY ATTENDANCE TEACHER: \_\_\_\_\_