



IEP Itinerant Teacher Sign-in/out Sheet

1933 E Second Street
 Defiance, OH 43512
 PH: 419-784-2150
 Fax: 419-784-5048

Child's Name: _____

Month: _____

Head Start Teacher's Name: _____

Classroom: _____

ESC Teacher's Name: _____

School District: _____

Date	Signature	Time Out	Signature	Time In

Sign in/out sheets are to be turned in to the Central Office monthly with the Attendance Sheets. Sign in/out sheets will be filed in the child's individual child's disability file. One child per sheet.