SEAT TIME WAIVER STUDENTS RECORD OF ON-LINE LOG INS

District: **School Year:**

Building/Program: **Count:** **Fall** **Spring**

Instructions: For each student participating in an on-line STW program, mark the date of each on-line log in during the 30 day count window. There must be at least 10 total days of log ins per student. If total < 10, then FTE = 0.00.

Pupil Name (Last, First)	Grade	Log In on Count Day Y/N	Documented Log In Dates During Count Window - mark with "X"																															Total # of Log-Ins (include count day)	Claimed FTE
		W	Th	F	Sa	Su	M	T	W	Th	F	Sa	Su	M	T	W	Th	F	Sa	Su	M	T	W	Th	F	Sa	Su	M	T	W	Th	F			
		10/5	10/6	10/7	10/8	10/9	10/10	10/11	10/12	10/13	10/14	10/15	10/16	10/17	10/18	10/19	10/20	10/21	10/22	10/23	10/24	10/25	10/26	10/27	10/28	10/29	10/30	10/31	11/1	11/2	11/3	11/4			
1.																																			
2.																																			
2.																																			
2.																																			
2.																																			
2.																																			
2.																																			
2.																																			
2.																																			
2.																																			

I certify that this is a true and accurate list of all eligible FTE reported for pupils who are participating in a seat time waiver program and all pupil accounting requirements for this program have been met.

Authorized Representative's Signature **Title** **Date**