

## Title I-A – Extended Day Instructional Service Form

School Year: \_\_\_\_\_ School District: Essexville-Hampton Public Schools  
 Count Day: \_\_\_\_\_ School Building/Program \_\_\_\_\_  
 School Code: **09050**       Homeless

**INSTRUCTIONS:** Complete the report below for each period of instruction provided to eligible pupil(s) enrolled in a Title I-A Extended Day education program.

Teacher(s): \_\_\_\_\_

Date	Instructional Time		Total	Subject(s)/Grade Level(s)
	Start	End		

Account # 11.1125.1240..6010.5966.71 or 1358.71

\_\_\_\_\_  
*Signature of Certified Teacher*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of School Principal*

\_\_\_\_\_  
*Date*