



HOSPITAL SCHOOLS
3450 East Tremont Avenue
Bronx, NY 10463
Phone: 718-794-7260

Mary Maher, Principal
 Cynthia Biondi, Assistant Principal
 Steve Klein, Assistant Principal

DAILY STUDENT LOG

Date: _____

Site/Teacher: _____

Student Name	Time AM 10-12 PM 1-3	Type of Instruction	Status of Students	Comments
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Bedside <input type="checkbox"/> Classroom <input type="checkbox"/> N/A	<input type="checkbox"/> Medical <input type="checkbox"/> Refusal <input type="checkbox"/> Other	
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Bedside <input type="checkbox"/> Classroom <input type="checkbox"/> N/A	<input type="checkbox"/> Medical <input type="checkbox"/> Refusal <input type="checkbox"/> Other	
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Bedside <input type="checkbox"/> Classroom <input type="checkbox"/> N/A	<input type="checkbox"/> Medical <input type="checkbox"/> Refusal <input type="checkbox"/> Other	
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Bedside <input type="checkbox"/> Classroom <input type="checkbox"/> N/A	<input type="checkbox"/> Medical <input type="checkbox"/> Refusal <input type="checkbox"/> Other	
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Bedside <input type="checkbox"/> Classroom <input type="checkbox"/> N/A	<input type="checkbox"/> Medical <input type="checkbox"/> Refusal <input type="checkbox"/> Other	
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Bedside <input type="checkbox"/> Classroom <input type="checkbox"/> N/A	<input type="checkbox"/> Medical <input type="checkbox"/> Refusal <input type="checkbox"/> Other	
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Bedside <input type="checkbox"/> Classroom <input type="checkbox"/> N/A	<input type="checkbox"/> Medical <input type="checkbox"/> Refusal <input type="checkbox"/> Other	
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Bedside <input type="checkbox"/> Classroom <input type="checkbox"/> N/A	<input type="checkbox"/> Medical <input type="checkbox"/> Refusal <input type="checkbox"/> Other	
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Bedside <input type="checkbox"/> Classroom <input type="checkbox"/> N/A	<input type="checkbox"/> Medical <input type="checkbox"/> Refusal <input type="checkbox"/> Other	
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Bedside <input type="checkbox"/> Classroom <input type="checkbox"/> N/A	<input type="checkbox"/> Medical <input type="checkbox"/> Refusal <input type="checkbox"/> Other	



HOSPITAL SCHOOLS
 3450 East Tremont Avenue
 Bronx, NY 10463
 Phone: 718-794-7260

Mary Maher, Principal
 Cynthia Biondi, Assistant Principal
 Steve Klein, Assistant Principal

MONTHLY STUDENT LOG

Month/Year: _____

Site/Teacher: _____

Student Name	Instructed OR Not Instructed	Reason <u>Not</u> <u>Instructed</u>	Comments
	<input type="checkbox"/> Instructed <input type="checkbox"/> Not Instructed	<input type="checkbox"/> Medical <input type="checkbox"/> Refusal <input type="checkbox"/> Other	
	<input type="checkbox"/> Instructed <input type="checkbox"/> Not Instructed	<input type="checkbox"/> Medical <input type="checkbox"/> Refusal <input type="checkbox"/> Other	
	<input type="checkbox"/> Instructed <input type="checkbox"/> Not Instructed	<input type="checkbox"/> Medical <input type="checkbox"/> Refusal <input type="checkbox"/> Other	
	<input type="checkbox"/> Instructed <input type="checkbox"/> Not Instructed	<input type="checkbox"/> Medical <input type="checkbox"/> Refusal <input type="checkbox"/> Other	
	<input type="checkbox"/> Instructed <input type="checkbox"/> Not Instructed	<input type="checkbox"/> Medical <input type="checkbox"/> Refusal <input type="checkbox"/> Other	
	<input type="checkbox"/> Instructed <input type="checkbox"/> Not Instructed	<input type="checkbox"/> Medical <input type="checkbox"/> Refusal <input type="checkbox"/> Other	
	<input type="checkbox"/> Instructed <input type="checkbox"/> Not Instructed	<input type="checkbox"/> Medical <input type="checkbox"/> Refusal <input type="checkbox"/> Other	
	<input type="checkbox"/> Instructed <input type="checkbox"/> Not Instructed	<input type="checkbox"/> Medical <input type="checkbox"/> Refusal <input type="checkbox"/> Other	
	<input type="checkbox"/> Instructed <input type="checkbox"/> Not Instructed	<input type="checkbox"/> Medical <input type="checkbox"/> Refusal <input type="checkbox"/> Other	
	<input type="checkbox"/> Instructed <input type="checkbox"/> Not Instructed	<input type="checkbox"/> Medical <input type="checkbox"/> Refusal <input type="checkbox"/> Other	

