

Check here if there is a problem

Teacher's Name: \_\_\_\_\_ Room #: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Your Name (if substitute teacher) \_\_\_\_\_

\_\_\_\_\_ Number of students present \_\_\_\_\_ Number of students absent Assistant is  Present  Absent

**NAMES OF ABSENT STUDENTS**

Student Name	Student Name

**STUDENTS UNACCOUNTED FOR (provide names below and location, if known (i.e. restroom, library, etc.))**

Student Name	Location, if known

**LIST KNOWN CASUALTIES BELOW. Include the exact location of injured.**

Student Name	Location of injured

**Names of persons in your group who are not on your roster**

Student Name	Student Name

**\*\*\* Send this slip to the supervisors in your evacuation area. \*\*\***