



Assessments

Student Name:	Assessment:	Date:	Excused Absence?	Makeup Date:	When:
			<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> before school <input type="checkbox"/> lunch <input type="checkbox"/> after school <input type="checkbox"/> other
			<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> before school <input type="checkbox"/> lunch <input type="checkbox"/> after school <input type="checkbox"/> other
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