GRANBURY INDEPENDENT SCHOOL DISTRICT

PRS Compensatory Education Home Instruction (CEHI) Log

Student Name:_____ Campus: _____

Delivery Date:_____ CEHI Start Date:_____ CEHI End Date:_____

TSDS#: _____

DATE	ARRIVAL TIME	DEPARTURE TIME	TOTAL INSTRUCTION TIME	CEHI TEACHER'S INITIALS	STUDENT'S INITALS	SP.ED (Y/N)	BIL/ESL (Y/N)	CTE (Y/N)

Total Weekly Instructional Time: _____ **Total Weekly Days in Attendance:** _____

CEHI TEACHER SIGNATURE: _____ **DATE:** _____