



STUDENT ASSIGNMENTS FOR DAEP

DATE RECEIVED
BY DAEP STAFF

STUDENT _____ GRADE _____ CAMPUS _____
SUBJECT _____ TEACHER _____ PERIOD _____
INCLUSIVE DATES OF ASSIGNMENT(S) MM-DD-YYYY TO MM-DD-YYYY _____
STUDENT SIGNATURE _____ DATE RECVD BY STUDENT _____

Day/Date	Assignments
1st Day Date _____	 DAEP STAFF: STUDENT COMPLETED: _____ RETURNED TO CAMPUS: _____ INITIALS: _____ / _____
2nd Day Date _____	 DAEP STAFF: STUDENT COMPLETED: _____ RETURNED TO CAMPUS: _____ INITIALS: _____ / _____
3rd Day Date _____	 DAEP STAFF: STUDENT COMPLETED: _____ RETURNED TO CAMPUS: _____ INITIALS: _____ / _____
4th Day Date _____	 DAEP STAFF: STUDENT COMPLETED: _____ RETURNED TO CAMPUS: _____ INITIALS: _____ / _____
5th Day Date _____	 DAEP STAFF: STUDENT COMPLETED: _____ RETURNED TO CAMPUS: _____ INITIALS: _____ / _____