Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class Period\_\_\_\_\_\_\_



**LATE WORK SLIP**

Directions: In order to submit ANY late work or make-up work you MUST **fill out** this page, **get it signed** by your parent/guardian, and **staple it** to the top of your work. Select the first column that your work fits under by putting a CHECK MARK in the blank provided and **fill in the column COMPLETELY**. Due dates may be obtained by listening in class and/or visiting the “Work and Learning” tab of the class website: [www.mchone1617.weebly.com](http://www.mchone1617.weebly.com)

Work submitted without following these procedures will not be graded. This is documentation.

**ASSIGNMENT TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Submit only 1 slip per assignment; more than one assignment will each need its own slip.)

***Which applies to you? Work from left to right and fill in the first one that fits your situation.***

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| --- | --- | --- |
| **Extended Time**  **Check one:**    **IEP 504 Plan ELL**  Due Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (+ Time and ½ =)  Extended Time Date: \_\_\_\_\_\_\_\_\_\_  Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  (\*If you have “shortened assignments” and are, for any reason, not aware of what you are to do – SEE ME immediately!) | **Make-up Work** (if absent)  Date Absent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Due Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (+ number of days absent)  Last Date Accepted: \_\_\_\_\_\_\_\_\_\_  (+ number of days absent)  Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Absent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Reason Absent:  Sick Doctor’s appointment  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Late Work** (if others are N/A)  Due Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Last Date Accepted: \_\_\_\_\_\_\_\_\_\_  Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| I have reviewed the above and acknowledge that my child is using their documented extended time.  Parent/Guardian Name (PRINT):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent/Legal Guardian Signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | I have reviewed the above information and verify that this was an excused absence.  Parent/Guardian Name (PRINT):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent/Legal Guardian Signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | I have reviewed the above information and spoken to my child about the importance of turning work in on time.  Parent/Guardian Name (PRINT):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent/Legal Guardian Signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |