

**DONNA ISD CHILD NUTRITION DEPARTMENT
AFTER SCHOOL SNACK PROGRAM ROSTER DAILY COUNT**

CAMPUS:				COORDINATOR:				
DATE:				Grade Level:				
only students that take a complete snack should be counted on this form								
	Student Name	ID #	date	date	date	date	date	Comments
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
32								
33								
34								
35								
36								
37								
38								
Total Number of Students Served:		Daily:						Weekly:
(v) = Snack was Served (X)= Snack was refused (A) =Student was absent								

Teacher's Signature _____

Manager's Signature _____