

Attendance Log

Instructions to the Group Leaders: Please clearly print the Workshop Information and the Participant Names below. Write participants' names as they appear on their *Participant Information Surveys*.

Mark each session that the participant attends like this:

Implementation Site Name: _____

Start Date (mm/dd/yyyy): ___/___/___ End Date (mm/dd/yyyy): ___/___/___

Table 1: CDSMP Participant Attendance Log

Participant Name	Session Number						
	1	2	3	4	5	6	7 <i>(PSMP Only)</i>
1.							
2.							
3.							
4.							
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19.							
20.							

PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0985-xxx. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Administration for Community Living, 1 Massachusetts Avenue, N.W., Room 5203, Washington, D.C. 20001, Attention: PRA Reports Clearance Officer