

Your Program Name

OMB Control No.

Exp. Date

Attendance Log

Instructions to Program Facilitators: Please clearly print the Program Information and the Participant IDs below. Write participants' IDs 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): ___/___/___

Participant Attendance Log

Participant ID	Session Number*						
	1	2	3	4	5	6	7 (PSMP Only)
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							

**Adapt this section to include the number of possible sessions. Use additional pages if needed.*

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 XXXXXXXX. 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, 330 C Street SW, Washington, D.C. 20201, Attention: PRA Reports Clearance Officer.