

[Program Name] Attendance Log

Start Date: __/__/____ End Date: __/__/____

Sessions Attended*

Participant ID	Sessions Attended*								TOTAL
	1	2	3	4	5	6	7	8	

**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 0985-0039. 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 DC 20201, Attention: PRA Reports Clearance Officer