Appendix H. Attendance Data Form

Facilitator Name:

Instructions:

- 1. Please complete an attendance log at the beginning of every class period/block led by the [*Curriculum Name*] program facilitator. You may use the following template, or you may use your own student attendance log format as long as it includes the following information.
- 2. Please give the attendance log to the program facilitator at the end of every class period/block.

Daily Attendance Log

[Implementing Organization Name] [School Name]

Date	2:	, 2019			
Star	t Time: AM/PM	End Time:	AM/I	PM	
 •	STUDENT'S FULL NAME		√	STUDENT'S FULL NAME	
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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 0990-xxxx. The time required to complete this information collection is estimated to average 5 minutes per

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response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer