**Your Program Name**

***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** |
| **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 Public Burden Statement:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number (OMB 0985-0036). Public reporting burden for this collection of information is estimated to average .17 hours per response, including time for gathering and maintaining the data needed and completing and reviewing the collection of information. The obligation to respond to this collection is required to retain or maintain benefits under the statutory authority of Public Law 115-245.