

Attendance Log



WORKSHOP ID# _____ Leader(s): _____

Dates: _____

Location _____

**Please Check here if
participant filled out:**

| Participant Name | PLEASE PRINT CLEARLY | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | Baseline Survey | Post Survey |
|------------------|----------------------|---|---|---|---|---|---|---|---|---|----|----|----|-----------------|-------------|
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| 10 | | | | | | | | | | | | | | | |

Please list everyone who attended the Program on this sheet, and check the boxes for sessions attended.

Print additional copies 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

Please Check here if
participant filled out:

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| 11 | | | | | | | | | | | | | | |
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Please list everyone who attended the Program on this sheet, and check the boxes for sessions attended.

Print additional copies if needed