

Group Record of Attendance

All Group sessions must be accounted for, including Holidays,
Student and Provider Absences.

ONE DATE/TIME PER BOX

Provider: _____

District: _____

Service Location: _____

First Half Month: _____

Second Half Month: _____

Group Date: _____ Time: _____

Children's Names: (First Initial Last Name)

Group Date: _____ Time: _____

Children's Names: (First Initial Last Name)

Group Date: _____ Time: _____

Children's Names: (First Initial Last Name)

Group Date: _____ Time: _____

Children's Names: (First Initial Last Name)

Group Date: _____ Time: _____

Children's Names: (First Initial Last Name)

Group Date: _____ Time: _____

Children's Names: (First Initial Last Name)

I certify that the above services were provided on the dates indicated.