

# 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: \_\_\_\_\_

Child Last Name/First Initial

Group Date: \_\_\_\_\_ Time: \_\_\_\_\_

Child Last Name/First Initial:

Group Date: \_\_\_\_\_ Time: \_\_\_\_\_

Child Last Name/First Initial:

Group Date: \_\_\_\_\_ Time: \_\_\_\_\_

Child Last Name/First Initial:

Group Date: \_\_\_\_\_ Time: \_\_\_\_\_

Child Last Name/First Initial:

Group Date: \_\_\_\_\_ Time: \_\_\_\_\_

Child Last Name/First Initial:

\_\_\_\_\_  
Provider Signature

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