

Your Program Name

Attendance Log

Instructions to Program Leaders/Coaches/Instructors: Please clearly print the Program Information and the Participant IDs below. Write participants’ IDs as they appear on their *Participant Information Form*.

Mark each session that the participant attends with an X

Implementation Site Name: _____

Program Start Date (mm/dd/yyyy) ____/____/____

Program End Date (mm/dd/yyyy) ____/____/____

Participant ID	Session Number*																			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
1.																				
2.																				
3.																				
4.																				
5.																				
6.																				
7.																				
8.																				
9.																				

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 0985-0039). Public reporting burden for this collection of information is estimated to average 15 minutes 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 the Older Americans Act and Patient Protection and Affordable Care Act.

10																				
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**Adapt this section to include the number of possible sessions. Use additional pages if needed*