Counselor's Initials & Date	
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Participant Attendance Form

Month/YEAR: Participant Name:								ID # Navigator Name:																								
Co	Course Name/Days / Time Instructor's signature:																															
M	Т	W	Н	F	S	7	M	T	W	Н	F	S	M	T	W	Н	F	S		M	T	W	Н	F	S		M	T	W	Н	F	S
Course Name/Days / Time Instructor's signature:																																
M	Т	W	Н	F	S	7	M	T	W	Н	F	S	M	T	W	Н	F	S		M	Т	W	Н	F	S		M	T	W	Н	F	S
Cours	Course Name/Days / Time Instructor's signature:																															
M	T	W	Н	F	S	7	M	T	W	Н	F	S	M	T	W	Н	F	S		M	T	W	Н	F	S		M	T	W	Н	F	S
Course Name/Days / Time Instructor's signature:																																
M	Т	W	Н	F	S	7	M	T	W	Н	F	S	M	T	W	Н	F	S		M	T	W	Н	F	S		M	T	W	Н	F	S
Course Name/Days / Time Instructor's signature:																																
M	Т	W	Н	F	S	7	M	T	W	Н	F	S	M	T	W	Н	F	S		M	T	W	Н	F	S		M	T	W	Н	F	S
Legen	d: P	=Pr	esen	t, A =	Abs	sent	H = 1	Holid	lay									•														

I certify that the information provided on this form is true and correct to the best of my knowledge. I also understand that this is a **legal document** and only blue or black ink is accepted.

Participant's Signature _____

Monthly Participant Report (Instructors Only)

Class:	Comments:
Class:	Comments:
Class:	Comments:
Class:	Comments:
Class:	Comments:

^{**}Instructors comments can be written on the back of the Form