Attendance - Weekly Mentor Group – Fall 2010

Please record the FIRST NAME of each child in the group. Use this form every week!

Facility Name_____ **Site Name** _____ **Mentor Name(s)** _____

#	**Week #** **Session Date**				1 /	2 /	3 /	4 /	5 /	6 /	7 /	8 /	9 /	10 /	11 /	12 /	13 /	14 /
	Name	**Age**	**Ethnicity**	**Gender**														