Attendance - Weekly Mentor Group – 16 Week Program

Record the **FIRST NAME** of each child in your group. Use this weekly by checking off those present and recording new names. **Return** to Free Arts with ending evaluations at the close of your program.

This must be turned in to continue mentoring in the future.

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

#	Week # Session Date	Age/Ethnicity/Gender			1 /	2 /	3 /	4 /	5 /	6 /	7 /	8 /	9 /	10 /	11 /	12 /	13 /	14 /	15 /	16 /
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