Attendance - Weekly Mentor Group – 8 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 /
1.	Name											
2.												
3.												
4.												
5.												
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7.												
8.												
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10.												
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