

ELO Attendance Record Summary



Name of ELO: Center for Creative Education

Afterschool Program:

Time of Sessions:

Address:

Group Size:

Name of IU:

Name of CCE Instructor / Teaching Artist:

Date	Time	# of Attendees	Director's Initial
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

CCE Instructor/ Teaching Artist

Name: _____ Signature: _____ Date: _____

CCE Program Director

Name: _____ Signature: _____ Date: _____

Afterschool Director

Name: _____ Signature: _____ Date: _____

