

# 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: \_\_\_\_\_

