

Attendance List
Center for Creative Education

Group: _____

Time: _____

ELO Site Served: _____
Address: _____

Winter Spring Summer Fall

Teaching Artist : _____
IU Name: _____

Sessions - Please include the date of each session in the allowable field

	First Name	Last Name	Grade	Sessions												
				1	2	3	4	5	6	7	8	9	10			
1																
2																
3																
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22																
23																
24																
25																
Total Attendees per Session In-class				0	0	0	0	0	0	0	0	0	0	0	0	0
Staff member Initials: →																
Teaching Artist Initials: →																



Site Director Signature

Date: MM/DD/YYYY

Teaching Artist Signature

Date: MM/DD/YYYY