

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 MM/DD/YY | Time HH/MM | # of Attendees | Director's Initial |
|------------------|---------------|-------------------|--------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |

CCE Instructor/ Teaching Artist

Name: _____ Signature: _____ Date: _____
MM/DD/YY

CCE Program Coordinator

Name: _____ Signature: _____ Date: _____
MM/DD/YY

Afterschool Director

Name: _____ Signature: _____ Date: _____
MM/DD/YY

