

ELO Attendance Record Summary



Name of OST Program: _____

Name of ELO: Center for Creative Education

Name of IU: _____

Name of CCE Instructor / Teaching Artist: _____

Date MM/DD/YY	Time HH/MM	# of Attendees	OST Staff Member Initial
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

CCE Instructor/ Teaching Artist

Name: _____

Signature: _____ Date: _____
mm/dd/yy

Site Director

Name: _____

Signature: _____ Date: _____
mm/dd/yy

