Stepping On
Participant Attendance Log

Implementation Site: _____ Site ID: _____

Start Date: _____ End Date: _____ Class Time: _____

Please place a check mark in the box for each class a participant attends. If participant is absent, mark

Participant Name	Phone Number	Class Number									N
		0	1	2	3	4	5	6	7		

Leader Name	Phone Number										

rs: Please initial the classes you lead. If class utilizes a substitute, please enter their name in the "Notes" section and have the sub initia
e attendance log each class. If you enroll more than 14 participants, please print an additional attendance log and staple together.