



Weekly Attendance Sheet

START DATE: _____

SITE: _____

LEADER: _____

NAME:					SIGNATURE:				
ADDRESS:					(circle one) Parent Teacher Administrator Family Childcare Center Staff				
CITY/STATE/ZIP:					PHONE:				
<u>TIME</u>	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	WEEK 6	WEEK 7	WEEK 8	TOTAL
IN:									
OUT:									
I AM ATTENDING TO EARN (check one): ___CEU's ___College Credit ___Inservice Hours ___ Rule 11									
If earning college credit, provide name of college: _____ ___Undergraduate ___Graduate									

NAME:					SIGNATURE:				
ADDRESS:					(circle one) Parent Teacher Administrator Family Childcare Center Staff				
CITY/STATE/ZIP:					PHONE:				
<u>TIME</u>	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	WEEK 6	WEEK 7	WEEK 8	TOTAL
IN:									
OUT:									
I AM ATTENDING TO EARN (check one): ___CEU's ___College Credit ___Inservice Hours ___ Rule 11									
If earning college credit, provide name of college: _____ ___Undergraduate ___Graduate									

NAME:					SIGNATURE:				
ADDRESS:					(circle one) Parent Teacher Administrator Family Childcare Center Staff				
CITY/STATE/ZIP:					PHONE:				
<u>TIME</u>	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	WEEK 6	WEEK 7	WEEK 8	TOTAL
IN:									
OUT:									
I AM ATTENDING TO EARN (check one): ___CEU's ___College Credit ___Inservice Hours ___ Rule 11									
If earning college credit, provide name of college: _____ ___Undergraduate ___Graduate									

These forms must be completed and returned to your Regional Training Coalition contact.

FACILITATOR'S SIGNATURE: _____