

## Group Attendance Sheet

Agency Name:

Date:

Title/Topic of Group:

*Please Print and Complete All Information*  
This sheet must be fully completed on each day of service

Total Group Time Hours/Minutes:                      From:                      To:

Name of Program:

Facilitator, Classification:	Name:
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Co-Facilitator, Classification:	Name:
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Please Print the Full Name of Each Participating Client

Check only if client's attendance was less than the full amount of time of the group. Document in the chart the total time client attended. Provide reason if the client did not attend the entire group time in the client's chart.

1. Client Name	
2. Client Name	
3. Client Name	
4. Client Name	
5. Client Name	
6. Client Name	
7. Client Name	
8. Client Name	
9. Client Name	
10. Client Name	
11. Client Name	
12. Client Name	
13. Client Name	
14. Client Name	
15. Client Name	

I certify by my signature that the above participants attended group today.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_