

# Attendance Sheet Form

Today's Date:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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*D D M M Y Y Y Y*

Subject

Person

*Please tick all that apply*    Attended    Homework turned-in    Missed

Person 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes

The usefulness of this session

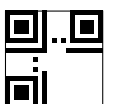
Useless           Useful

The effectiveness of this session

Effective          Ineffective

To respond:  or

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