2016-2017 N-O-T Student Attendance Form
American Lung Association in Colorado

# N-O-T Group Participant Attendance List

School: _____

Facilitator(s): _____

Start Date: _____

End Date: _____

Leave Codes: **EXP**: Expelled or Suspended **QUIT:** Student Quit on Own
**MOV:** Moved or Changed Schools **SCH:** Schedule Change or Conflict **UK:** Unknown

| | | **Session Attendance** √= present A= absent | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Participant's Initials | Participant's Birth DAY | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
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Please complete and return to: **ALAC/ N-O-T**, 5600 Greenwood Plaza Blvd, Suite 100 Greenwood Village, CO 80111 or fax: 877-276-2108, or email cisaacks@lungs.org **at the completion of each N-O-T group**. This form is required to receive facilitator stipends.