

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	Session Attendance											
		1	2	3	4	5	6	7	8	9	10		

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 Bob.Doyle@lung.org at the
completion of each N-O-T group. This form is required to receive facilitator stipends.