

N-O-T Student Attendance List

School Name: _____

Facilitator(s) Name(s): _____

Program Start Date: _____ Program End Date: _____

Session Attendance Codes
 ✓= Present A= Absent E= Expelled or Suspended Q= Student quit the program on own
 M= Moved or changed schools C= Schedule change or conflict U= Unknown

Student's Initials <small>(Ex. John Doe = JD)</small>	Student's Birthday <small>(Ex. April 21, 1988 = 04/21/1988)</small>	Session Dates (include date session was held below [MM/DD/YYYY])									
		#1 Date <small>(/ /)</small>	#2 Date <small>(/ /)</small>	#3 Date <small>(/ /)</small>	#4 Date <small>(/ /)</small>	#5 Date <small>(/ /)</small>	#6 Date <small>(/ /)</small>	#7 Date <small>(/ /)</small>	#8 Date <small>(/ /)</small>	#9 Date <small>(/ /)</small>	#10 Date <small>(/ /)</small>
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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 Bob.Doyle@lung.org at the
completion of each N-O-T group. This form is required to receive facilitator stipends.