CHECK-IN SHEET
(ATTENDANCE)

Site Name/Location: _____ Month/Year: _____

Instructor: _____

DATE	PRINT FIRST AND LAST NAME	PHONE NO.	TIME-IN	TIME-OUT	A C I	R L M	OFFICE

A = Assessment, C = Counseling, I = Intake/Goal Setting

For Class Only: R = Reading, L =Language, M = Math

Literacy Bitterroot (406) 363-2900