

# Workplace CDSMP Attendance Form

Program:  wCDSMP

Workshop Site Name: \_\_\_\_\_ Workshop ID: \_\_\_\_\_

Start Date (mm/dd/yyyy): \_\_\_\_\_ End Date: \_\_\_\_\_

Leader #1: \_\_\_\_\_ Leader #2: \_\_\_\_\_

Total Contributions: \_\_\_\_\_ Participant Total: \_\_\_\_\_ Completer Total: \_\_\_\_\_

\* If a participant is a previous participant from another workshop, please indicate so by placing a ★ next to the participant's name.

ID #	Participant Name*	Mark <input checked="" type="checkbox"/> in the box for Sessions Attended. If participant did not attend the session, leave box blank.														Mark <input checked="" type="checkbox"/> in the box if Rec'd		
		0	1	2	3	4	5	6	7	8	9	10	11	12	Total	Privacy Policy	Liability Waiver	Reg. Form
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		0	1	2	3	4	5	6	7	8	9	10	11	12	Total	Privacy Policy	Liability Waiver	Reg. Form

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