Stress-Busting Program for Family Caregivers™
of People with Dementia

Attendance Sheet for Group

Dates _____ **to** _____ **Site** _____

Facilitators: **1.** _____

2. _____

Sessions Attended

Name	Wk 1	Wk 2	Wk 3	Wk 4	Wk 5	Wk 6	Wk 7	Wk 8	Wk 9
Facilitator #1									
Facilitator #2									