

N-O-T Group Participant Attendance List

School: _____ Facilitator: _____
 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

Quit + Fit √	<u>Participant Initials</u>	Participant Birth DAY	Session Attendance										30 & 60 Days Post Data √	
			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: 303-377-1102, or email cisaack@lungs.org or kcooper@lungs.org **by May 31, 2016.**
This form is required to receive facilitator stipends.