

Early Care and Education Projects Attendance Record

Course Name: _____ Trainer(s): _____ Course ID: _____

Location: _____ Lessons: _____ Date: _____

PARTICIPANT INFORMATION			LESSONS COMPLETED*										
<i>Participant name</i>	<i>TAPP ID#</i>	<i>Email Address</i>	Lessons taken:										Course Completed
<i>Home address</i>	<i>County</i>		1	2	3	4	5	6	7	8			
<i>City, state & zip</i>	<i>Home phone</i>	<i>Work phone</i>	9	10	11	12	13	14	15	16			
<i>Participant name</i>	<i>TAPP ID#</i>	<i>Email Address</i>	Lessons taken:										Course Completed
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*Place a mark over the lesson number as each lesson is complete. Place a mark in the box below "Course Completed" when the participant completes all lessons.

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