



**DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES
SOCIAL WORK GROUP ATTENDANCE LOG**

Worker's Name: _____ Group Name: _____ Number: _____

Start: _____ End: _____

Time: _____ Place: _____ Frequency: _____

Meeting Attendance																								Hours Completed	Comp. Or Drop Out Date	
Member's Name	SID #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22			
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