HANDLING CHILDREN'S BEHAVIOUR PARENTING PROGRAMME ATTENDANCE REGISTER

START DATE: _____ END DATE: _____

NAME	ADDRESS	TEL NUMBER	EMAIL ADDRESS	WEEKLY ATTENDANCE (PLEASE TICK AS APPROPRIATE)										PARENT EVALUATION FORM COMPLETED
				1	2	3	4	5	6	7	8	9	10	
														Yes / No
														Yes / No
														Yes / No
														Yes / No
														Yes / No
														Yes / No
														Yes / No
														Yes / No
														Yes / No
														Yes / No
														Yes / No
														Yes / No
														Yes / No
														Yes / No
														Yes / No
														Yes / No
														Yes / No
														Yes / No
														Yes / No
														Yes / No
														Yes / No

GROUP LEADER: _____ GROUP WORKER 1: _____ GROUP WORKER 2: _____