Facility: \_\_\_\_\_ Name of Group: \_\_\_\_\_

## **ATTENDANCE ROSTER**

## Offender Management System (OMS) Quarter:

MEMBERS	SCHEDULED SESSION DATES/ATTENDED OR MISSED											
Names/ID#s	Wk1	Wk 2	Wk 3	Wk4	Wk 5	Wk 6	Wk 7	Wk 8	Wk 9	Wk 10	Wk 11	Wk 12
$\downarrow$ .												
Dates $\rightarrow$												ļ
												<u> </u>
												<u> </u>
												<u> </u>
												<u> </u>
												<u> </u>
Attended = 1 Missed = 0	Canc	elled = X	<u> </u>	<u> </u>	1	<u> </u>	<u> </u>	1	I	I	1	<u>I</u>

Form no. M20-01-06

Retention Schedule: Completed forms shall be retained for 10 years in the mental health area, then destroyed or archived.