Champlain Community Services

ATTENDANCE SHEET

Name of Residence _____

Month/Year _____

KEY

Present =	P
Hospital =	HP
Home Visit =	HV
Deceased =	D
Respite =	R
Transferred =	T
Other =	O * Explain on Back

Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31