Directions:

1. Use this form to document participation in all group GEAR UP family events. Use this form to enter participation in the Performance Insights The form must be accurate and legible.
2. You must include the student name. Indicate with a Y/N if the student attended or not.
3. The log must match the Expenditure Detail Form for attendance when food is provided.
4. Keep this form on file, submit to Program Coordinator via email: tkeeler@deltastate.edu

Name of Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time of Activity: \_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_ Supervised by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Student Name | Grade Level | Attended?(Y)es or (N)o | Family Member Name(s) |  | # Adults Attending |
| 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 |  |  |  |  |  |  |
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District Liaison Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

­­­­­­­­­­­­­­­­­­­­­­­­Program Coordinator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GEAR UP Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PI Date Entered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials \_\_\_\_\_\_\_\_\_\_\_\_\_\_