



MEETING ATTENDANCE SHEET

DIVERSION PROGRAM

Diversion Participant Name: _____

Meeting/Group Name: _____

Location: _____

Date: _____ **Time:** _____ **AM / PM**

Facilitator Signature: _____

Meeting/Group Name: _____

Location: _____

Date: _____ **Time:** _____ **AM / PM**

Facilitator Signature: _____

Meeting/Group Name: _____

Location: _____

Date: _____ **Time:** _____ **AM / PM**

Facilitator Signature: _____

Meeting/Group Name: _____

Location: _____

Date: _____ **Time:** _____ **AM / PM**

Facilitator Signature: _____

Meeting/Group Name: _____

Location: _____

Date: _____ **Time:** _____ **AM / PM**

Facilitator Signature: _____

Meeting/Group Name: _____

Location: _____

Date: _____ **Time:** _____ **AM / PM**

Facilitator Signature: _____

*Healing is
a process...
not a
destination.*

