Daily Student Attendance Roll

Unit Code delivered and assessed		**Day of Course (Circle)**	**1 2 3 4 5**
Unit Name delivered and assessed			
Date:		**Site**	

Student Name	USI	State Funding Source S-FFS P-FUNDED	Company (if applicable)	Time arrived	Signature	Time left class	Signature

Trainer Name:		**CTI/HRW No:**	
Trainer Signature:			