



**Catholic Diocese of Columbus**

Office of Religious Education  
and Catechesis  
614-221-4633

**OFFICE OF RELIGIOUS EDUCATION AND CATECHESIS**

**ATTENDANCE FORM**

Please enter each participant's name in alphabetical order. Place an "X" in the appropriate space if the participant attended the session. If the participant was absent, leave the space blank.

Keep attendance for each session and send to your religious education consultant at the end of the program. **EACH SESSION IS 2 HRS, 14 SESSIONS = 28 HOURS TOTAL.** The \$8 certification fee is based on each course the individual receives credit for. For example, if an individual attends sessions 13 & 14 they receive credit for 1.9, 5.1, 5.2. The certification fee is \$24.

Course /Program	<b>Echoes of Faith</b>	_____
Dates Offered	_____	_____
Instructor/Facilitator	_____	_____
Parish/School	_____	_____
City/Town	_____	_____

*\*Note if more space is needed copy and use another page.*

Course 1 Correlation	1.1 6X		1.2	1.3	1.4, 3.1 Taught as a BLOCK		1.5 6x Taught as a BLOCK		1.6	1.7 6x Taught as a BLOCK		1.8	1.9 5.1 5.2 Taught as a BLOCK	
	1	2			5	6	7	8		10	11		13	14
Session	1	2	3	4	5	6	7	8	9	10	11	12	13	14