

Confirmation of Attendance

To Whom It May Concern:		
This shall certify that was present at Starting Over for supervised vistitation with his/her child(ren) on:		
	Date	Time
	Child(ren)	
The visit:		
	Took place as scheduled	
	Did not take place due to the children not being present Did not take place due the late arrival of	
	Was terminated due to	
	Other	
Approved by:		
	Signature	
	Title Date	