

WFMR CLASS ROSTER

SCHOOL:	School Year:
Room Number:	Grade:
Teacher:	
<p>In the columns below, list the participants and non-participants alphabetically. Update the list as changes occur. Indicate the actual number who rinse each week.</p>	

September	October	November	December

January	February	March	April	May

PARTICIPANTS	NON-PARTICIPANTS
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
16.	16.
17.	17.
18.	18.
19.	19.
20.	20.

POST ORIGINAL IN THE CLASSROOM, PLACE COPIES IN THE SCHOOL OFFICE AND COORDINATOR'S NOREBOOK. DUPLICATE FOR MORE NAMES AS NEEDED.