

Living Well Alaska: Better Choices, Better Health Workshop Attendance Record

Names of Leaders: _____								
Type of Workshop (Circle 1): CDSMP Tomando DiabetesSMP								
Dates of Workshop: From: _____ To: _____								
Location: _____								
Address: _____								
City: _____ ZIP: _____								
Participant Initials (no names) Age: Male/Female (circle)	Participant # 1-20	Sessions Attended (circle)	Completed 4/6 Sessions	Completed 6/6 Sessions				
Initials: Age: M/F		1 2 3 4 5 6						
Initials: Age: M/F		1 2 3 4 5 6						
Initials: Age: M/F		1 2 3 4 5 6						
Initials: Age: M/F		1 2 3 4 5 6						
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Initials: Age: M/F		1 2 3 4 5 6						
Initials: Age: M/F		1 2 3 4 5 6						
Initials: Age: M/F		1 2 3 4 5 6						
Total Attendance by Session:								
	1	2	3	4	5	6	4/6	6/6

Leader: please complete this form and send it along with leader and pre and post feedback forms after the 6th session to:

Living Well Alaska/State of Alaska/SCDPHP
3601 C Street, Suite 722
Anchorage AK 99503