Living Healthy Attendance Sheet

Leader Directions: (1) Please begin the workshop with a blank Attendance Sheet. During the 1st session, have each participant write his/her name in the column headed 'Participant Name' and initial under 'Session 1.' (2) During Sessions 2 - 6, please have participants initial on the line with their name, under the session that is taking place. (3) Please do not complete the Attendance Sheet for the participants unless necessary. (4) If a participant misses a session, please call them to follow up, and if he/she will not be returning, please make a brief note as to why.

Workshop Dates (start - end) (mm/dd/yy - mm/dd/yy):

Participants: Please list your name during the first workshop session. During subsequent sessions, please sign your initials on the line with your name, under each session that you attend.

Participant Name	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6

Leaders - Please complete the information below.

Leaders Names:

Name of workshop location: **County:**

Address of workshop location:

Location Type: (Circle one below)

Senior Center	Health care organization (Hospitals, Clinics etc.)
Community Center	Residential facility (assisted living, community housing, CCRC)
Faith based organization	Parks Department Facility
Workplace	Other (please explain):

Was a session monitored? **YES** **NO**

If yes, please indicate which session was monitored: 1 **2** **3** **4** **5** 6

Name of the person monitoring the session: