



LIVING WELL WORKSHOP ATTENDANCE LOG



Please clearly print the workshop information below

Funding Source: <i>(Check all that apply)</i> <input type="checkbox"/> CDC <input type="checkbox"/> AoA <input type="checkbox"/> Other		Workshop Type: <input type="checkbox"/> CDSMP <input type="checkbox"/> DSMP		Workshop Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	
Course Hosting Agency			Workshop Start Date		Workshop End Date
Course Site Name			Address <i>(Street, City and Zip)</i>		
Leader 1 First Name		Last Name	Phone Number		Check one: <input type="checkbox"/> Volunteer <input type="checkbox"/> Staff
Leader 2 First Name		Last Name	Phone Number		Check one: <input type="checkbox"/> Volunteer <input type="checkbox"/> Staff

Did you offer a "Session 0" with this workshop? (*"Session 0" is an optional pre-workshop session*)
 Yes No Don't know

How many **Participant Information Forms** are included in your packet?

Place a check by the participants' initials to indicate the week(s) they attended.

	Participants' Initials	WEEK						How did you hear about this workshop?
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