# Alive & Well Class Information Sheet

*Please thoroughly complete this form and return it to your Alive & Well instructor on the last day.*

Classroom Teacher: _____ Teaching Dates:_____

Name of Alive and Well Instructor: _____ Have you completed the online instructor evaluation? Y N

School & Grade: _____ Date you will administer the post-survey: _____

| Name | Pre-Test | Attendance | | | | | | | | Homework Completed | | | | | | |
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| First name, last initial (ex: John D.) | Check mark when student has taken pre-survey | Session 1 | Session 2 | Session 3 | Session 4 | Session 5 | Session 6 | Session 7 | Session 8 | Assignment 1 | Assignment 2 | Assignment 3 | Assignment 4 | Assignment 5 | Assignment 6 | Assignment 7 |
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