

Alive and Well Class Information Sheet

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

Classroom Teacher _____ Teaching Dates _____ School & Grade _____

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

Date you will administer the post-survey _____

Name First Name, Last Initial (ex. John D.)	Gender		Pre-Test Please checkmark when student has taken pre-survey	Attendance					Parent Talk Completed			
	M	F		Session 1	Session 2	Session 3	Session 4	Session 5	Assignment #1	Assignment #2	Assignment #3	Assignment #4
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Comments from A & W Instructor: _____ # of ATM Cards (8th grade) _____