



To be completed by TAAG staff:			
Site ID: _____	Form Code: HWA	Version: C	Series: ____ Seq. #: ____

Health Lessons and Activity Challenges
Teacher Workshop Attendance Log

Facilitator (s): _____ Location: _____

Date of Workshop: ____/____/20____ Session #: ____ Time Start: ____:____:____ Time End: ____:____:____
mm dd yy

School ID: _____ Expected # of HE Teachers: ____ School ID: _____ Expected # of HE Teachers: ____

School ID: _____ Expected # of HE Teachers: ____

Attendee's Name <i>(please print)</i>	School Name <i>(please print)</i>	Position: <i>(circle all that apply)</i>	Class in which you intend to teach TAAG HEAC <i>(circle one)</i>	Preferred Phone Number and Best Contact Time	Email Address	ID Code (Office Use Only)	Expected Teacher?
		1 Health Specialist 2 PE Specialist 3 Other: _____	1 PE 2 Health 3 Both 4 Other: _____				<input type="checkbox"/>
		1 Health Specialist 2 PE Specialist 3 Other: _____	1 PE 2 Health 3 Both 4 Other: _____				<input type="checkbox"/>
		1 Health Specialist 2 PE Specialist 3 Other: _____	1 PE 2 Health 3 Both 4 Other: _____				<input type="checkbox"/>
		1 Health Specialist 2 PE Specialist 3 Other: _____	1 PE 2 Health 3 Both 4 Other: _____				<input type="checkbox"/>

Attendee's Name <i>(please print)</i>	School Name <i>(please print)</i>	Position: <i>(circle all that apply)</i>	Class in which you intend to teach TAAG HEAC <i>(circle one)</i>	Preferred Phone Number and Best Contact Time	Email Address	ID Code (Office Use Only)	Expected Teacher?
		1 Health Specialist 2 PE Specialist 3 Other: _____	1 PE 2 Health 3 Both 4 Other: _____				<input type="checkbox"/>
		1 Health Specialist 2 PE Specialist 3 Other: _____	1 PE 2 Health 3 Both 4 Other: _____				<input type="checkbox"/>
		1 Health Specialist 2 PE Specialist 3 Other: _____	1 PE 2 Health 3 Both 4 Other: _____				<input type="checkbox"/>
		1 Health Specialist 2 PE Specialist 3 Other: _____	1 PE 2 Health 3 Both 4 Other: _____				<input type="checkbox"/>
		1 Health Specialist 2 PE Specialist 3 Other: _____	1 PE 2 Health 3 Both 4 Other: _____				<input type="checkbox"/>
		1 Health Specialist 2 PE Specialist 3 Other: _____	1 PE 2 Health 3 Both 4 Other: _____				<input type="checkbox"/>
		1 Health Specialist 2 PE Specialist 3 Other: _____	1 PE 2 Health 3 Both 4 Other: _____				<input type="checkbox"/>
		1 Health Specialist 2 PE Specialist 3 Other: _____	1 PE 2 Health 3 Both 4 Other: _____				<input type="checkbox"/>
		1 Health Specialist 2 PE Specialist 3 Other: _____	1 PE 2 Health 3 Both 4 Other: _____				<input type="checkbox"/>