



To be completed by TAAG staff:	
Teacher ID: _____	
Form Code: <b>SP7</b> Version: <b>A</b> Series #: _____    Seq. #: _____	

**Health Lessons and Activity Challenges**  
Student Participation Log

**Instructions:** To help us determine which activity challenges each student completes, please fill out this form for each class that you teach that has Health Lessons and Activity Challenges. List all students and place a check mark under each Challenge completed by that student. Please complete following each Activity Challenge.

**Teacher Name:** \_\_\_\_\_ **Class Period:** \_\_\_\_\_

**# Girls in class:** \_\_\_\_\_ **# Boys in class:** \_\_\_\_\_

No.	Student Name or Identifier	Gender (M / F)	Grade	Activity Challenges <i>(check each challenge completed by student)</i>				
				1	2	3	4	5
1								
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No.	Student Name or Identifier	Gender (M / F)	Grade	Activity Challenges <i>(check each challenge completed by student)</i>				
				1	2	3	4	5
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No.	Student Name or Identifier	Gender (M / F)	Grade	Activity Challenges <i>(check each challenge completed by student)</i>				
				1	2	3	4	5
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