



To be completed by TAAG staff:
Teacher ID: _____
Form Code: SP8 Version: A 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. Activity Challenge assignments are considered completed when all questions listed on the Activity Challenge handout are answered in writing by the student. Teachers may validate completion in other ways based on IEP. 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
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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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