



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

PE Teacher Workshop Attendance Log
 Process Evaluation: Physical Education

Date: ____/____/20____ Session #: ____ Facilitator(s): _____
 mm dd yy

Location: _____ Time start: ____:____:____ Time end: ____:____:____

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

School ID: _____ Expected # of PE Teachers: ____

Attendee's Name (please print)	School Name (please print)	Position (<i>circle all that apply</i>)	# Years Teaching (if applicable)	Preferred Phone Number and Best Contact Time	Email Address	ID Code (Office Use Only)
		1. Phys. Ed. specialist 2. Classroom teacher 3. Other: _____				
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