Trial of Activity Cer Adelescent Girls	To be completed by TAAG staff:					
	Site ID:	Form Code: PWA	Version: C	Series:	Seq. #:	
			_			

PE Teacher Workshop Attendance Log Process Evaluation: Physical Education

Date: //20	Session #:	Facilitator(s):	
Location:		Time start:: Ti	ime end:::
School ID:	Expected # of PE Teacher	s: School ID:	Expected # of PE Teachers:
School ID:	Expected # of PE Teacher	S:	

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

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		 Phys. Ed. specialist Classroom teacher Other: 					
		1. Phys. Ed. specialist 2. Classroom teacher 3. Other:					
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