



To be completed by TAAG staff:			
Program ID:	_____		
Form Code: PSL	Version: B	Series #: _____	Seq. #: _____

WEEKLY PROGRAM SUMMARY ATTENDANCE LOG
Process Evaluation: PPA

Name of Physical Activity Program: _____

Date of Program Series: ____/____/20____ to ____/____/20____
 (mm / dd / yy) (mm / dd / yy)

To be completed by TAAG staff	
Name of Program Leader:	_____
Approximate number of minutes/session:	_____
Week Range:	____/____/20____ to ____/____/20____ (mm / dd / yy) (mm / dd / yy)

Please include totals from the corresponding Program Attendance Logs (PAL):

1. Total number of sessions this week: _____
2. Total number of participants: _____
3. Total number of **girls** in grades 6 through 8: _____
4. Total number of **boys** in grades 6 through 8: _____

Please record the number of **girls** from TAAG Intervention schools in the table below:

	6 th	7 th	8 th	Unknown
5. School ID:				
6. School ID:				
7. School ID:				
8. School Unknown				