

School:	Steps to Health Educator:
County:	Teacher:

Student's First Name	Student's Last Name	Ethnic Group A. Hispanic/ Latino	Race (If "mixed" or "other," write all numbers that apply) 1. American Indian or Alaska Native 2. Asian 3. Black/African American 4. Native Hawaiian/Pacific Islander 5. White	Gender Male OR Female	# Min.:	% Pate: # Min.:	Bate: # Min.:	Session 4 Min.:	Pate: # Min.:	# Min.:	Pate: # Min.:	Bate: # Min.:	Date: # Min.: 6 uoisses	Pate: # Min.:
		OR												
		B. Non-Hispanic/ Non-Latino												
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When each lesson is taught:



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