

Year _____

School: _____

Steps to Health Educator: _____

County: _____

Teacher: _____

When each lesson is taught:

1. write the date of the lesson; 2. write the length of the lesson in minutes; 3. check off which students were in attendance on that date and for that lesson.

Teacher: Note on back of roster students with food allergies.

	Student's First Name	Student's Last Name	Ethnic Group A. Hispanic/Latino OR B. Non-Hispanic/Non-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	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
						# Min.:	# Min.:	# Min.:	# Min.:	# Min.:	# Min.:	# Min.:	# Min.:	# Min.:
						Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Session 7	Session 8	Session 9
1			A B											
2			A B											
3			A B											
4			A B											
5			A B											
6			A B											
7			A B											
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17			A B											
18			A B											
19			A B											
20			A B											
21			A B											