



Year: \_\_\_\_\_

County: \_\_\_\_\_

Steps to Health Educator: \_\_\_\_\_

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.

Class Type:  Pre K  Kindergarten  Head Start  Child Care

School: \_\_\_\_\_

Teacher: \_\_\_\_\_

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

	Student's First Name	Student's Last Name	Ethnic Group		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:	
			A. Hispanic/Latino OR B. Non-Hispanic/Non-Latino				# 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											
8			A	B											
9			A	B											
10			A	B											
11			A	B											
12			A	B											
13			A	B											
14			A	B											
15			A	B											
16			A	B											
17			A	B											
18			A	B											
19			A	B											
20			A	B											
21			A	B											
22			A	B											

