

Year: _____

Location: _____

County: _____

Steps to Health Educator: _____

Circle: Afterschool Summer Meals

Instructor: Note any food allergies on back of roster.

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 participants were in attendance on that date and for that lesson.

	First Name	Last Name	Age	Complete grayed section for each student by visual assessment ONLY.			Date:	Date:	Date:	Date:	Date:	Date:	Date:		
				Ethnic Group	Race	Gender	# Min.:	# Min.:	# Min.:	# Min.:	# Min.:	# Min.:	# Min.:	# Min.:	
				A. Hispanic/Latino OR B. Non-Hispanic/Non-Latino	(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	Male OR Female	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Session 7	Session 8	
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