

# Take Charge Attendance Form

**Program:**  Take Charge of Your Health       Take Charge of Your Diabetes       Take Charge of Your Pain  
 Tomando Control de su Salud       Tomando Control de su Diabetes       Cancer: Thriving and Surviving

**Workshop Site Name:** \_\_\_\_\_ **Workshop ID:** \_\_\_\_\_

**Start Date (mm/dd/yyyy):** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**Leader #1:** \_\_\_\_\_ **Leader #2:** \_\_\_\_\_

**Total Contributions:** \_\_\_\_\_ **Participant Total:** \_\_\_\_\_ **Completer Total:** \_\_\_\_\_

\* If a participant is a previous participant from another workshop, please indicate so by placing a ★ next to the participant's name.

ID #	Participant Name*	Mark ☑ in the box for Sessions Attended. If participant did not attend the session, leave box blank.								Mark ☑ in the box if Rec'd				
		0	1	2	3	4	5	6	Total	Privacy Policy	Liability Waiver	Reg. Form	Pre Survey	Post Survey
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ID #	Participant Name*	Mark <input type="checkbox"/> in the box for Sessions Attended. If participant did not attend the session, leave box blank.							Mark <input type="checkbox"/> in the box if Rec'd				
		0	1	2	3	4	5	6	Total	Privacy Policy	Liability Waiver	Reg. Form	Pre Survey

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