Take Charge Attendance Form

Program:
- ☐ Take Charge of Your Health
- ☐ Take Charge of Your Diabetes
- ☐ Tomando Control de su Salud
- ☐ Tomando Control de su Diabetes
- ☐ Take Charge of Your Pain
- ☐ Cancer: Thriving and Surviving
- ☐ Workplace CDSMP

Organization: _____

Host Site: _____

Workshop ID: _____

Start Date: _____

End Date: _____

Leader #1: _____

Leader #2: _____

Participant Total: _____

Completer Total: _____

Total Contributions: _____

ID	NAME	Mark ☒ for Sessions Attended								Mark ☒ if Previous Participant	Mark ☒ if Rec'd				
		0	1	2	3	4	5	6	Total		Reg. Form	Privacy Policy	Liability Waiver	Pre-Survey	Post-Survey
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Last revised 1/4/2025

ID	NAME	Mark ☒ for Sessions Attended								Mark ☒ if Previous Participant	Mark ☒ if Rec'd				
		0	1	2	3	4	5	6	Total		Reg. Form	Privacy Policy	Liability Waiver	Pre-Survey	Post-Survey
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