

# ATTENDANCE FORM

Ohio Adolescent Health Centers

**Classroom teacher: complete top corner section:**

<b>Period #:</b>		Blocked? Yes/No:		<b>School:</b>				<b>Grant Agency:</b> OAHC				<b>Region:</b> 6																				
<b>Exact starting and ending times:</b>				<b>School District:</b>				<b>Presenter/s:</b>																								
<b>Begin Date:</b>		# of sessions:		<b>City:</b>				<b>Program Type:</b> In-class				<b>Subcontractor:</b> ENLC																				
<b>Grade:</b>		Minutes of class:		<b>Classroom Teacher:</b>				<b>County:</b> Montgomery																								
<b>Instructions:</b> Classroom teacher: Complete top left corner and fill in student names/initials, ages and ethnicity (see samples). Put a 1 in the column of current Age, and a 1 for appropriate Ethnicity. Mark a 1 for each day each student attends the presentation. Use this same form for all days of the presentation, adding students to the bottom who may come in after Day 1. Be sure to enter information about adults in attendance, including yourself, at the bottom.																																
<b>SAMPLE:</b>																																
<b>First name &amp; last initial</b>		<b>Male</b>												<b>Ethnicity</b>				<b>Dates of Presentation</b>														
John S														Asian		Black		Hispanic		Native American		Native Hawaiian		White		Other		11/5 / 45	11/6 / 45	11/7 / 30	11/8 / 45	11/9 / 45
M J														1		1										1	1	1	1	1		
				<b>Age</b>										<b>Ethnicity</b>						<b>Dates of Presentation/Minutes of class</b>												
<b>Student</b>		<b>Only</b>		10	11	12	13	14	15	16	17	18	19	Parent	Teacher/ Other	Asian	Black	Hispanic	Native American	Native Hawaiian	White	Other	/	/	/	/	/					
1	Male																															
2	Male																															
3	Male																															
4	Male																															
5	Male																															
6	Male																															
7	Male																															
8	Male																															
9	Male																															
10	Male																															
11	Male																															
12	Male																															
13	Male																															
14	Male																															
15	Male																															
16	Male																															
17	Male																															
18	Male																															
19	Male																															
<b>Total Male Students</b>																																
<b>Teacher:</b> Please provide information regarding adult males below including whether teacher/other, ethnicity and attendance:																																
Teacher		Male																														
Other Adult		Male																														
Other Adult		Male																														

**Teacher:** Return this form to Presenter on last day of presentation. If questions, email [Connie.czebrowski@elizabethnewlife.org](mailto:Connie.czebrowski@elizabethnewlife.org) or call 937-226-7414. Thank you.

# ATTENDANCE FORM

Ohio Adolescent Health Centers

**Classroom teacher: complete top corner section:**

<b>Period #:</b> 0		Blocked? Yes/No: 0		<b>School:</b> 0		<b>Grant Agency:</b> OAHC		<b>Region:</b> 6										
<b>Exact starting and ending times:</b> 0		<b>School District:</b> 0		<b>Presenter/s:</b> 0														
<b>Begin Date:</b> 0		# Days: 0		<b>City:</b> 0		<b>Program Type:</b> In-class		<b>Subcontractor:</b> ENLC										
<b>Grade:</b> 0		Minutes of class: 0		<b>School Teacher:</b> 0		<b>County:</b> Montgomery												
<b>Instructions:</b> Classroom teacher: Complete top left corner and fill in student names/initials, ages and ethnicity (see samples). Put a 1 in the column of current Age, and a 1 for appropriate Ethnicity. Mark a 1 for each day each student attends the presentation. Use this same form for all days of the presentation, adding students to the bottom who may come in after Day 1. Be sure to enter information about adults in attendance, including yourself, at the bottom.																		
<b>SAMPLE:</b>																		
<b>First name &amp; last initial</b>		<b>Female</b>				<b>Ethnicity</b>				<b>Dates of Presentation</b>								
Debbie H				1						1 / 1 / 1 / 1 / 1								
KS		1				1				1 / 1 / 1 / 1 / 1								
		<b>Female</b>		<b>Age</b>		<b>Ethnicity</b>				<b>Dates of Presentation/Minutes of class</b>								
<b>Student</b>		<b>Only</b>		10 11 12 13 14 15 16 17 18 19		Parent		Teacher/Other		Asian Black Hispanic Native American Native Hawaiian White Other				/ / / / /				
1		Female																
2		Female																
3		Female																
4		Female																
5		Female																
6		Female																
7		Female																
8		Female																
9		Female																
10		Female																
11		Female																
12		Female																
13		Female																
14		Female																
15		Female																
16		Female																
17		Female																
18		Female																
19		Female																
<b>Total Female Students</b>																		
<b>Teacher:</b> Please provide information regarding adult females below including whether teacher/other, ethnicity and attendance:																		
<b>Teacher</b>		Female																
<b>Other Adult</b>		Female																
<b>Other Adult</b>		Female																

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