

Take Charge Attendance Form

Program: Take Charge of Your Health Take Charge of Your Diabetes Take Charge of Your Pain wCDSMP
 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		
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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		
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