

Group Name: \_\_\_\_\_

Staff: \_\_\_\_\_

Date of first contact: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of last contact: \_\_\_\_/\_\_\_\_/\_\_\_\_

Lesson Type: \_\_\_\_ Fixed Group \_\_\_\_ Rolling Group

Attendance and notes:

Name	Add Date & Topic in fields below										Lessons Completed	Contacts Completed	Contact Hours	Graduated	Notes/Comments
Sample Person	X	X		X	X		X	X	X	X	8	10	8	√	Decreased soda consumption by 2 cans/day
1.															
2.															
3.															
4.															
5.															
6.															
7.															
8.															
9.															
10.															
11.															
12.															
13.															
14.															