Attachment K – Lesson Attendance Sheet for Program Operators

Program Operators: Please record the recipe name and date completed for each lesson and mark which students were in attendance.

Please detach the participant name column before submitting this attendance sheet to the research team.*

Participant Name	Participant ID	[Enter Recipe Name]	[Enter Recipe Name]	[Enter Recipe Name]	[Enter Recipe Name]	[Enter Recipe Name]
		[Enter Date]	[Enter Date]	[Enter Date]	[Enter Date]	[Enter Date]
Participant Name	Participant	[Enter Recipe	[Enter Recipe	[Enter Recipe	[Enter Recipe	[Enter Recipe

	ID	Name]	Name]	Name]	Name]	Name]
		[Enter Date]	[Enter Date]	[Enter Date]	[Enter Date]	[Enter Date]

OMB BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0524. The time required to complete this information collection is estimated to average 2 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.