



Project Healthy Bones Class Cover Sheet

Site Name: _____

Site Address: _____

City: _____ State: _____ Zip: _____ County: _____

PHB Lead Coordinator: _____

Lead Coordinator Agency: _____

Phone Number: _____

E-Mail: _____

Peer Leaders

Name: _____ Staff Volunteer

Name: _____ Staff Volunteer

Name: _____ Staff Volunteer

Program Information

Start Date: _____ Class Type: On-Going Class

End Date: _____ New Class

How Many Enrolled? _____

How Many Completed? _____

(Attended 18 sessions or more)

Please return the following forms to the Lead Coordinator:

- ✓ *Class Cover Sheet*
- ✓ *Attendance Record*
- ✓ *First Session Survey*
- ✓ *Last Session Survey*
- ✓ *Participant Summary*
- ✓ *Calcium Diaries*
- ✓ *PHB Action Plan*
- ✓ *List of Medications and Supplements (New Classes Only)*