Data Collection Tracking Sheet

THIS INFORMATION WILL BE ENTERED ON THE WEBFORM LINK WHEN YOU SUBMIT YOUR COMPLETED QUESTIONNAIRES

Agency Name:			Data Collection Person:					
Location Name:		School/Setting Code#:						
			<u>Click here</u> to find your school site code number. If you can't find it on the list, contact the evaluation team for assistance.					
Location County:			Group/Class Code#:					
Setting Type:	School Site	nool Program Community	/ Setting					
Name of Curriculun	n (Botvin, etc.):							_
Date Lessons Started:			Date Lessons Completed:					_
Level Taught (if Bot (circle one)	tvin): 1 2	3	Grade(s) Ta	ught: 3	4 5	6	7	8
Date Pretest Comp	leted:	Number of Pretes	t Questionnair	es Completed	· ·			
			osttest Questionnaires Completed:					
	•	OCUMENT WITH STUDE	NTS' NAMES					
Student Code #	,	Student's Name		Pre-test Co	mplete (Y/N)	Post-test C	omplete (Y/N)
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