| **Project Towards No Drug Abuse Attendance and Student Code Tracking Form**  2/1/2022 | | | | | | | | | | | | | | | |  |
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| **Facilitator Name (please print)** | | | | | | | | | | | | | | | |  |
| **Code**  (Should match code on student pre/post) | **Student Name** | **Pre- Complete Date** | **TND Session Completed:** Please check if student was present for majority of Project TND lesson. | | | | | | | | | | | | **Post-Complete Date** | **9 of 12 Sessions Complete** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** |
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