		Р	osit	ive /	Actio	on –	Att	end	anc	e an	d St	ude	nt II	D Co	de '	Гrас	king	5								
Facilitato	r Name:																									
							Pos	itive /	Action	ı Less	ons C	lamo	eted:	Plea	se che	ck if	stude	nt wa	as pre	sent 1	for le	sson				
ID Code	Student Name	Pre- Survey Complete Date	1	2	3	4	5	6	7	8	9			12			15				19		21	22	23	24

Positive Action – Attendance and Student ID Code Tracking **Facilitator Name** Positive Action Lessons Completed: Please check if student was present for lesson. Sum the number of check marks to determine if Minimum Dose was attained. Minimum Survey Dose * Complete (Y or N) **Student Name** 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 47 Date

^{*}A student has attained the minimum dose if they participated in either 48 lessons using the K-6 curriculum or 31 lessons using the 7-12 grade curriculum.