

GROUP SESSION: Prevention Services Activity Log – I’m Thumbbody Program

School Contact Person: _____

Presenter Name: _____

Signature of Presenter: _____

Name of School / Presentation Site: _____

Service Date: _____

Target Population:		Prevention Strategies Addressed (Check all that apply.)	Protective Factors Addressed (Check all that apply.)	Risk Factors Addressed (Check all that apply.)
<u>Age</u> ✓ 5-11 year olds <input type="checkbox"/> 12-14 year olds	<u>Gender</u> <input type="checkbox"/> Boy <input type="checkbox"/> Girl ✓ Both			
Activity Description: ✓ I’m Thumbbody <input type="checkbox"/> Thumbbody, Too		✓ Information ✓ Education	✓ Positive self-esteem ✓ Self-control ✓ Communication skills (peers, family, others) ✓ Decision-making skills (responsibility) ✓ Good social skills (respect, kindness)	✓ Low self-esteem ✓ Poor self-control ✓ Poor communication skills ✓ Poor decision-making skills ✓ Poor social skills

****IMPORTANT: NO WHITE OUT/ CORRECTION TAPE. PLEASE MAKE EDITS WITH ONE LINE AND INITIAL.****

Date: _____

Teacher	Start time	End time	Total time	Total # served	Demographics (#’s please)								Teacher initials
@browardschools.com					M	F	Bl	W	His	MRac	As	NAm	

Date: _____

Teacher	Start time	End time	Total time	Total # served	Demographics (#’s please)								Teacher initials
@browardschools.com					M	F	Bl	W	His	MRac	As	NAm	

Date: _____

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