



2014 CLASS REPORT



Please complete and submit this report at the end of EACH Cooper/Clayton course you facilitate. If you would prefer to complete the form online, go to <https://redcap.uky.edu/redcap/surveys/?s=FQekU7gEp2>

CLASS

Facilitator name _____ Organization _____

Phone (_____) _____ - _____ Email _____

County where class held _____ Day of week class held _____

Class time (specify AM or PM) _____ Date of introductory class _____ # attending _____

Date of first class after introductory class _____ # enrolled _____ Date of last class _____

Did the class complete all 12 weeks of classes? Yes No

How many participants completed the class and self-reported to be non-smokers? _____

COMMENTS

Please email or fax this form to the Kentucky Cancer Program cancer specialist serving your district:

DISTRICT

Barren River

Falls:

Green River:

Lincoln Trail:

Pennyrile:

Purchase:

Big Sandy, Bluegrass, Buffalo Trace, Cumberland Valley,

FIVCO, Gateway, Kentucky River, Lake Cumberland,

Northern Kentucky:

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