AMERICAN LUNG ASSOCIATION®

INDEPTH™
Intervention for Nicotine Dependence:
Education, Prevention, Tobacco and Health

ATTENDANCE SHEET

INDEPTH Start Date: _____ Format: ☐ Group ☐ 1-on-1

Facilitator Name: _____ Location/School: _____

	Last Name	First Name	Session #1 Date & time: _____	Session #2 Date & time: _____	Session #3 Date & time: _____	Session #4 Date & time: _____	Did student complete all required sessions?	Notes
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

General notes/impressions about this INDEPTH Series: _____

_____

Please retain this attendance sheet for your records. The American Lung Association will request a summary of information from this sheet on a quarterly basis