

2006 Oregon Healthy Teens Survey
Classroom Packet Cover Sheet

PLEASE REMEMBER TO FILL IN BLANK SPACES AND KEEP THIS FORM ATTACHED TO THE SURVEY PACKET

Name of teacher or other school representative serving as proctor: _____

Date of Survey Administration: _____

School Name: _____

Grade(s): _____ Class type: _____ Class period: _____

Number of students enrolled in class: _____

Number of students present: _____

Number of students absent: _____

Number of students who refused or who did not have parent consent: _____

Number of students who could not take survey (e.g., language difficulty): _____

Number of surveys included in packet: _____

Comments/Incident Report (indicate any survey administration problems, such as number of students who were dismissed from the class because of disruptive behavior during the survey):