QUIT2WIN FAX

To: Nancy Edwards

Fax #: 732-235-8297

Name of School: _____

School ID #: __ __ __

Facilitator: _____

Date of Session: _____ Start Time: _____ End Time: _____

Session #: _____ Topic: _____

How many students attended the group? _____

Did they stay for the entire group? _____Yes ____ __No

If they didn't attend, do you know why they missed?
___ absent
___ couldn't get out of class
___ class trip
___ other _____
___ other _____

Other Comments:
(Please include any suggestions you may have that would improve this chapter/topic, as well as, any reactions you observed by your students to the materials. Please feel free to give additional feedback. You are welcomed to copy the sessions and make written suggestions on them, then fax them back to me.)

_____
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Thank You for Your Feedback!

TOBACCO DEPENDENCE PROGRAM
UMDNJ SCHOOL OF PUBLIC HEALTH
University of Medicine & Dentistry of New Jersey