

Program Information and Roster Form Instructions

TIPS FOR COMPLETING SCANNABLE FORMS

1. Use black or dark blue ink. Do not use red, light blue (cyan), yellow or orange.
2. PRINT clearly, using UPPER CASE letters. Do not use *cursive* letters.
3. Print only one letter or number per box and stay within the boxes.
4. Fill in circles completely; do not use check marks.
5. Do not mark or stamp the corners of the forms.
6. Do not bend or fold or staple forms together.
7. Use only original printed forms. Do not use photocopies.

PROGRAM INFORMATION FORM

This form is to be completed by instructors or site coordinators at facilities to report information and statistics from Arthritis Foundation (AF) program classes. Parts of the form are also applicable for use by trainers to report workshop information.

Event Code

Leave this blank; to be completed by Arthritis Foundation scanning/ data entry unit

Date completed

Enter the date (MM DD YYYY) that you completed the form.

Check which type of class

Check off only one box to indicate whether you are offering program classes or a training workshop

Check which type of program

Check off which program you are offering. If you are offering more than one AF program, complete a separate form for each program.

Is this an ongoing class?

Program Instructors/ Facilities should respond. (Trainers: skip this question.)

Respond "Yes" if class is offered ongoing throughout the year with no specified end

Respond "No" if class has a start and end date (e.g., it is a 6-week, 8-week, 10-week, 12-week or other time-limited series)

Series Start and End Date

Instructors/Facilities: For classes that have a start and end date, such as a 6-12 week session, enter the date that your class session begins and ends. (Trainers: report the start and end date of your training workshop.)

How many times a week does your facility offer this program?

Instructors/ Facilities: check off the number of times each week that class participants can attend the AF program. (Trainers: skip this question.)

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On what days and times is the program offered?

Instructors/ Facilities: Check off each day of the week that you offer the program. After each day of the week in which you offer the program, list the times (e.g. 9-10am) of the program. (Trainers: skip this question.)

Facility Name and Address

List the name of the facility where the program class or training workshop is held, and the complete address, including zip code.

Instructor Name, Phone & Instructor Email

Include the name of the leader or instructor who taught the class or the name of the trainer who taught the workshop. Also record his/her work phone and email. If you have more than one instructor or trainer, only list the name and contact information for the primary instructor/ trainer.

Site Coordinator Name, Phone, Email

Indicate the name, work phone and email of the key individual who can be contacted at the site regarding any questions about the report form.

SUMMARY STATISTICS

Number of New Participants

Total number of new people in your class for the quarter. New participant= anyone who responds "No" to the question, "Have you attended this program before?" New is anyone who has not previously attended your class. (Trainers: indicate the number of total attendees in the training workshop.)

Ongoing or Repeat Participants

Total number of repeat participants that attended your class in the first quarter. Ongoing participant= anyone who responds "Yes" to the question, "Have you attended this program before?" You should not have ongoing participants in the AF Self-Help Program. You will only report this number in the first quarter. (Trainers: skip this section)

PARTICIPANT ROSTER FORM

Participant Name and Address

Ask your class participants to sign in at the first class and/or the first time they attend the program during the year. If they are NEW participants (that is have never attended the program before), they must also sign a Participant Release Form (if they did not do so during registration). Use additional Roster Forms as needed to accommodate your number of class participants.

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Have you attended this program before?

When participants sign in, ask them to indicate Yes if that have attended the program before or No if they have not.

Release Form Received (Yes/No)

Check this box to indicate that you or your facility has collected a Participant Release Form from any new participant.

Instructor First and Last Name

Insert the first and last name of the primary instructor who can be contacted about any questions with the roster.