

**Know The Risks: Youth and E-cigarettes
School Presentation Tracking Form**

| School Name: | | | | | | |
|--|-------------|---|--|---|---------------------------------------|--------------------------|
| Date | Time | Presentation Style (e.g., Health Class, Science Class, Club, Auditorium) | Total Number of Attendees | Grade Level of Attendees | Pre/Post Test Administered | |
| | | | | | Yes | No |
| Click or tap to enter a date. | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Click or tap to enter a date. | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Click or tap to enter a date. | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Click or tap to enter a date. | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Click or tap to enter a date. | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Click or tap to enter a date. | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Click or tap to enter a date. | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Click or tap to enter a date. | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Click or tap to enter a date. | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments/Recommendations/Or Any Additional Information: | | | | | | |
| | | | | | | |
| Prepared by: | | | | | | |
| Date: | | | | | | |
| Submit to: | | | | | | |
| Contact Information: | | | | | | |
| Signature: | | | | | | |

