

Falls Prevention Program Information Cover Sheet

Instructions to the Leaders/Coaches/Instructors: Please use this as the cover sheet to include with the completed data collection forms (Attendance Sheet, Participant Information Forms, Participant Post Program Surveys, Class Evaluations) and return to the Survey Coordinator (Roxanne Thomas, ITCA-AAA, Region 8, (Phone: 602-258-4822) at the end of every class.

1. Site Name: _____
 City: _____ State: _____

2. If this is a new program delivery/ implementation site, please also complete 2a and 2b:

a. Street Address: _____ Zip code: _____

b. Type of site (select the type that best describes your site):

<input type="checkbox"/> Municipal Government	<input type="checkbox"/> Recreational Organization
<input type="checkbox"/> Area Agency on Aging	<input type="checkbox"/> Residential Facility
<input type="checkbox"/> County Health Department	<input type="checkbox"/> Senior Center
<input type="checkbox"/> Educational Institution	<input type="checkbox"/> Other Community Center
<input type="checkbox"/> Faith-based Organization	<input type="checkbox"/> Tribal Center
<input type="checkbox"/> Health Care Organization	<input type="checkbox"/> Workplace
<input type="checkbox"/> Library	<input type="checkbox"/> Other (please specify):
<input type="checkbox"/> Multi-purpose social services organization	

3. Name of parent/host/sponsoring organization licensed to offer program: _____

4. Leader/Coach/Instructor Names (Please provide your first and last names and provide the daytime phone number or email of the best person to contact about any questions on the forms.)

Name: _____ Phone _____ Email: _____

Name: _____ Phone : _____ Email: _____

5. Program Start Date (mm/dd/yyyy): _____ End Date (mm/dd/yyyy): _____

6. Did you offer a "Session 0" with this workshop? (Session 0 is an optional pre-workshop session provided by some agencies.) Yes No

7. What type of program is this? (Mark only one.) A Matter of Balance

8. Number of Participants enrolled in the class..... _____

9. Number of Participants who completed 5 or more sessions:..... _____