University of Virginia Health System
Diabetes Tele-Education Program Attendance Sheet

Check the Month: _____ **April** _____ **June** _____ **October**

Check the Class Name:

_____ **"The Basics of Diabetes"**

_____ **"Nutrition Basics"**

_____ **"Diabetes Self-Management Skills"**

_____ **"Healthy Eating Lifestyle Changes"**

NAME: (First and Last) **PLEASE PRINT CLEARLY**