

LIFT Process Evaluation

Instructor Name: _____ County and State: _____ Number of registered participants: _____

Program start date: _____ Program end date: _____ Scheduled start time: _____

Program location, address: _____ Program location, type (e.g., YMCA, senior center, church): _____

Session	Temperature (Outside, in F)	# attendees	Actual start time	Materials set up prior to start	Was group dynamics activity completed as described in manual?	Did you review participant homework?	Check on F/V and aerobic activity tracker?
1	°		:	Yes No	Yes No	Yes No	Yes No
2	°		:	Yes No	Yes No	Yes No	Yes No
3	°		:	Yes No	Yes No	Yes No	Yes No
4	°		:	Yes No	Yes No	Yes No	Yes No
5	°		:	Yes No	Yes No	Yes No	Yes No
6	°		:	Yes No	Yes No	Yes No	Yes No
7	°		:	Yes No	Yes No	Yes No	Yes No
8	°		:	Yes No	Yes No	Yes No	Yes No
9	°		:	Yes No	Yes No	Yes No	Yes No
10	°		:	Yes No	Yes No	Yes No	Yes No
11	°		:	Yes No	Yes No	Yes No	Yes No
12	°		:	Yes No	Yes No	Yes No	Yes No
13	°		:	Yes No	Yes No	Yes No	Yes No
14	°		:	Yes No	Yes No	Yes No	Yes No
15	°		:	Yes No	Yes No	Yes No	Yes No
16	°		:	Yes No	Yes No	Yes No	Yes No

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Session	5-min Warm-Up		Wide Leg Squat		Leg Curl		Knee Extension		Side Hip Raise		Biceps Curl		Overhead Press		Seated Row		Toe Stand		Lower body stretch		Upper back stretch		Chest stretch	
	Yes	No																	Yes	No	Yes	No	Yes	No
1	Yes	No																	Yes	No	Yes	No	Yes	No
2	Yes	No																	Yes	No	Yes	No	Yes	No
3	Yes	No																	Yes	No	Yes	No	Yes	No
4	Yes	No																	Yes	No	Yes	No	Yes	No
5	Yes	No																	Yes	No	Yes	No	Yes	No
6	Yes	No																	Yes	No	Yes	No	Yes	No
7	Yes	No																	Yes	No	Yes	No	Yes	No
8	Yes	No																	Yes	No	Yes	No	Yes	No
9	Yes	No																	Yes	No	Yes	No	Yes	No
10	Yes	No																	Yes	No	Yes	No	Yes	No
11	Yes	No																	Yes	No	Yes	No	Yes	No
12	Yes	No																	Yes	No	Yes	No	Yes	No
13	Yes	No																	Yes	No	Yes	No	Yes	No
14	Yes	No																	Yes	No	Yes	No	Yes	No
15	Yes	No																	Yes	No	Yes	No	Yes	No
16	Yes	No																	Yes	No	Yes	No	Yes	No

Enter the # of Reps in each box. If only one set completed, enter – in the 2nd box for each exercise.