

8.3 PARTICIPANT TRACKING FORM

This Participant Tracking Form helps communities document who is reached through Healthy Brain Community activities. It supports basic evaluation, reporting, and continuous improvement. Personal information should be collected only as appropriate and in accordance with privacy practices.

Instructions: Use this form for events, education sessions, support groups, or outreach activities. Forms may be completed per event or summarized monthly or quarterly.

PROGRAM / ACTIVITY INFORMATION

Program or Activity Name	Date(s)	Location / Format	Lead Organization	Facilitator / Contact

PARTICIPANT TRACKING

Participant ID or Name	Role (Community Member / Professional / Informal Caregiver / Formal Caregiver)	Age	ZIP Code (optional)	First-Time Participant (Y/N)	Referral Source	Notes

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PARTICIPATION SUMMARY

Total Participants	Number of Caregivers	Number of First-Time Participants	General Observations

USING THIS FORM

Information from this form can be summarized in the Evaluation Template and Validation Table. Communities are encouraged to keep tracking simple and focus on learning who is being reached and where gaps may exist.