

# GS-TOP

## Participant Screening Log

Meeting Location \_\_\_\_\_

Date/ Time \_\_\_\_\_

Participant Name	Parent/ Guardian Name, if applicable	Question 1	Question 2	Question 3	Question 4	Question 5	Question 6
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

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Screening Volunteer Signature/ Date