

Adverse Event Report Form

Adverse Event Report Form for Promoting Better Learning at School Project  
(Name of School-classroom)

Date	Name of Student	Student elected to stay in the study yes or no	If student dropped out of study put date of discontinuing	Describe event in detail below (Attach additional paper if needed)

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Teacher's signature

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Date

\_\_\_\_\_  
Principle investigators signature

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Date

\_\_\_\_\_  
Parent or guardian's signature

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Date