



**Brain Injury Association of Florida, Inc.  
Walking Buddies Project**

**Training Check List**

Date: \_\_\_\_\_  
 Student Name: \_\_\_\_\_  
 University: \_\_\_\_\_  
 Student Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Alt Phone Number: \_\_\_\_\_  
 Email: \_\_\_\_\_

**All documents and links listed below are available here:**

[http://www.biaf.org/app/walking\\_buddies.html](http://www.biaf.org/app/walking_buddies.html)

Activity	Check when complete	Question or Comment
Review BIAF Goals & Objectives Mission Statement		
Review Registration Forms: Student Responsibilities Senior Responsibilities		
Review Walking Log & Signature Sheet		
Answer Initial Student Survey		
Review <i>Be HeadSmart, Seniors!</i> Checklist		
Review <i>Be HeadSmart, Seniors! Make a Difference</i> Survey card		
Review Initial Senior Interview - pdf		
Complete Registration Forms		
Review Target audience Pedometer Stipend/mileage reimbursement		
Receive names/contact information of senior walking partner(s)		
Attend Wrap-up session (mandatory)		