CNEP Youth Group Entry Form (FS-Y-301)

Oklahoma Cooperative Extension Service

Group ID NEA County

1. School/Group: **2. EFNEP** _____ **ONE** _____

3. Unit Delivery (circle one)

E - Organized Club **F** - Special Interest/Short-Term **I** - Overnight camp
J - School Enrichment **L** - School age; child care

4. Physical Address: (no P.O. Box numbers)

_____

_____

City & Zip _____ OK _____

Phone: ( )

5. Program Start Date: _____

# of meetings: _____ Contact hours: _____

6. Volunteers

Name: _____

E-mail address:_____

Is Volunteer Hispanic/Latino/Spanish? Yes No

Race: (Check all that apply)

_____ American Indian or Alaskan Native
_____ Asian
_____ Black or African American
_____ Native Hawaiian/Pacific Islander
_____ White

Volunteer Role

_____ Current/Former EFNEP Participant
_____ Performs Instructional Role
_____ Performs Advisory Committee Role
_____ Performs Educational Support Role
_____ Performs Support Service Role
_____ Performs as Middle Manager

Name: _____

E-mail address:_____

Is Volunteer Hispanic/Latino/Spanish? Yes No

Race: (Check all that apply)

_____ American Indian or Alaskan Native
_____ Asian
_____ Black or African American
_____ Native Hawaiian/Pacific Islander
_____ White

Volunteer Role

_____ Current/Former EFNEP Participant
_____ Performs Instructional Role
_____ Performs Advisory Committee Role
_____ Performs Educational Support Role
_____ Performs Support Service Role
_____ Performs as Middle Manager

7. Number of Youth by Gender:

_____ Females
_____ Males
❖ _____ **TOTAL YOUTH**

8. Number of Youth in other 4-H Programs:

_____

9. Number of Youth by Residence:

_____ Farm
_____ Less than 10,000 Rural pop.
_____ 10,000 - 50,000 population
_____ Suburbs greater than 50,000
_____ Cities greater than 50,000
❖ _____ **TOTAL YOUTH**

10. Number of Youth by Ethnicity:

_____ Hispanic or Latino
_____ Not Hispanic or Latino
❖ _____ **TOTAL YOUTH**

11. Number of Youth by Race:

_____ American Indian/Alaskan Native
_____ Asian
_____ Black/African American
_____ Native Hawaiian/Pacific Islander
_____ White
_____ Mixed Race
❖ _____ **TOTAL YOUTH**

12. Number of Youth by Grade:

_____ Grade 3
_____ Grade 4
_____ _____ (other grade - please specify)
_____ _____ (other grade - please specify)
_____ _____ (other grade - please specify)

❖ _____ **TOTAL YOUTH**

❖ **Totals of 7, 9, 10, 11 & 12 must match!**

Revised 05/10

CNEP Youth Exit Form

NEA Name:_____County:_____

School/Group Name:_____Date:_____

Summarize the responses from the individual questionnaires for each class. Write in the number of responses for each question in the boxes labeled: "Most of the time;" "Sometimes;" and "Not very often." Complete a summary form for every class to whom you give the pre and post-test.

Pre-test date: _____	Almost Always	Sometimes	Not Very Often
I wash my hands….			
I drink water.			
I eat breakfast….			
I drink milk….			
I eat fruit.			
I eat….vegetables.			
I eat whole grains.			
I am physically active.			

Post-test date: _____	Almost Always	Sometimes	Not Very Often
I wash my hands….			
I drink water.			
I eat breakfast…..			
I drink milk ….			
I eat fruit.			
I eat….vegetables.			
I eat whole grains.			
I am physically active.			

Complete the following information:

Program End Date:	# of Meetings:	Contact Hours:

Give the completed form to the secretary for entry into the computer. File individual forms completed by the students according to Area Coordinator instructions. THANK YOU!