

CNEP GROUP ATTENDANCE RECORD

Group Name _____

Session Date(s) (include year) _____

To _____

NEA: _____

Participant	Session Date →	Intro to EFNEP/SNAP-Ed + Forms & Activities*
		Fix it Safe*
		Shop for Value, Check the Facts*
		Plan: Know What's for Dinner* (#1)
		Shop: Get the Best for Less* (#2)
		Making Smart Drink Choices*
		Choosing More Fruits and Vegetables*
		Making Smart Breakfast Choices*
		MyPlate*
		Smart-size Your Portions and Right-size You
		Choosing to Move More Throughout the Day
		Making Smart Choices When Eating Out
		Choose, Plan, and Do for a Healthier You
		Making Smart Lunch Choices
		Making Smart Choices When Eating Fast Food
		Fix it Fast, Eat at Home
		Pregnancy
		Breastfeeding
		Infants
		Children
		Choosing a Healthier You for Life
		Total Teaching Visits at Exit

CNEP LESSON PLAN



PROJECTED 6 MONTHS

January	July
February	August
March	September
April	October
May	November
June	December

Place the projected graduation date in your work calendar as a reminder to graduate this participant in a timely manner.



NAME/ID OF PARTICIPANT/GROUP:

_____ NEA: _____

(participant/group's name as it appears on the Enrollment Form)

Enrollment Date: _____ Projected Graduation Date: _____

24 Hour Food Recall shows the following needs for participant/group:

1. _____
2. _____
3. _____
4. _____

Pre-Survey/Checklist Questions reveals the following needs for participant/group:

1. _____
2. _____
3. _____
4. _____

Requests of the Participant/Group are:

1. _____
2. _____
3. _____

Concerns of the NEA for improved nutrition for this family/group are:

1. _____
2. _____

Known food allergies are:

1. _____

CNEP TEACHING LOG

NAME/ID OF PARTICIPANT/GROUP: _____

NEA: _____

(participant/group's name as it appears on the Enrollment Form)

Identify specific lesson needs by placing an "X" beside each lesson you plan to teach. Record the date that lesson is taught.

X each planned lesson	LESSON Should follow the curriculum and include the challenge, review of objectives, handouts, activities, recipe, hands-on activities. All objectives for each lesson should be taught.	DATE of lesson	LENGTH of lesson (Circle the length of your lesson)	FOOD PREP TECHNIQUE A. Hands on B. Food Demo C. Food Tasting D. No Food Exp.	COMMENTS Are expected for each lesson and could include justification for teaching this particular lesson, personal notes, need to reteach the lesson a second time or comments from agency or participants.
	Intro to EFNEP/SNAP-Ed + Forms & Activities*		:30 1:15 :45 1:30 1:00 _____		
	Fix it Safe*		:30 1:15 :45 1:30 1:00 _____		
	Shop for Value, Check the Facts*		:30 1:15 :45 1:30 1:00 _____		
	Plan: Know What's for Dinner* (#1)		:30 1:15 :45 1:30 1:00 _____		
	Shop: Get the Best for Less* (#2)		:30 1:15 :45 1:30 1:00 _____		
	Making Smart Drink Choices*		:30 1:15 :45 1:30 1:00 _____		
	Choosing More Fruits and Vegetables*		:30 1:15 :45 1:30 1:00 _____		
	Making Smart Breakfast Choices*		:30 1:15 :45 1:30 1:00 _____		
	MyPlate*		:30 1:15 :45 1:30 1:00 _____		
	Smart-size Your Portions and Right-size You		:30 1:15 :45 1:30 1:00 _____		
	Choosing to Move More Throughout the Day		:30 1:15 :45 1:30 1:00 _____		
	Making Smart Choices When Eating Out		:30 1:15 :45 1:30 1:00 _____		
	Choose, Plan and Do for a Healthier You		:30 1:15 :45 1:30 1:00 _____		

*Core lesson which should be taught to all participants. Teach lessons numbered 1 and 2 in consecutive order.

X each planned lesson	LESSON Should follow the curriculum and include the challenge, review of objectives, handouts, activities, recipe, hands-on activities. All objectives for each lesson should be taught.	DATE of lesson	LENGTH of lesson (Circle the length of your lesson)	FOOD PREP TECHNIQUE A. Hands on B. Food Demo C. Food Tasting D. No Food Exp.	COMMENTS Are expected for each lesson and could include justification for teaching this particular lesson, personal notes, need to reteach the lesson a second time or comments from agency or participants.
	Making Smart Lunch Choices		:30 1:15 :45 1:30 1:00 _____		
	Making Smart Choices When Eating Fast Food		:30 1:15 :45 1:30 1:00 _____		
	Fix it Fast, Eat at Home		:30 1:15 :45 1:30 1:00 _____		
	Pregnancy		:30 1:15 :45 1:30 1:00 _____		
	Breastfeeding		:30 1:15 :45 1:30 1:00 _____		
	Infants		:30 1:15 :45 1:30 1:00 _____		
	Children		:30 1:15 :45 1:30 1:00 _____		
	Choosing a Healthier You for Life		:30 1:15 :45 1:30 1:00 _____		
			:30 1:15 :45 1:30 1:00 _____		

Other Comments (optional):

<p>Graduation Certificate given to participants?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes Date _____</p>	<p>One Day Food Recall Summary given to the participant?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes Date _____</p>
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Revised 7/16