

School Year **2017-18**

County _____

I. TEACHER/EXTENDER INFORMATION

Teacher / Extender Name _____

Email Address _____

Site / School Name _____

Best Contact Phone # _____

School / Site Address _____

Room/Bldg. # _____


II. STUDENT AND CLASSROOM INFORMATION

Will you be delivering UC CalFresh SNAP-Ed Nutrition or Physical Activity Education to more than one classroom or group of students?

NO

If **NO** please indicate the number of students in the class by age and grade(s).

Table a.)

Total students by age 		Grade(s)
0-4 *	5-17 *	

Example 1): A teacher who has a class of 2nd grade students only would enter the number of students in the 5-17 box and indicate grade 2.


Please note:

All Preschool students will be entered in the 0-4 age range and TK or transitional Kindergarten students will be entered in the 5-17 age range

YES


If **YES** please indicate the number of students in each separate class/group by age and the grade(s).

Table b.)

Classes/ Groups	Grade(s)	Total students by age		Total students
		0-4 *	5-17 *	
Class/ Grp. 1				
Class/ Grp. 2				
Class/ Grp. 3				
Class/ Grp. 4				
Class/ Grp. 5				
Class/ Grp. 6				
Totals				

Please review the examples given in the instructions for Section II.

III. SNAP-Ed CURRICULUM

If completing electronically, use the dropdown to choose the curricula used by the teacher/extender 

Primary Curricula

Additional Curriculum(s) used

IV. Signatures

I, the educator and undersigned, commit to:

- 1) Use the UC CalFresh SNAP-Ed curriculum to deliver nutrition education.
- 2) Complete the Nutrition Activity Reporting Form (NARF)

Teacher/Extender Signature _____

Date _____

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