

Client Activity and Evaluation Report

(Program Activity)

FY 2003 (10/1/02-9/30/03)

(Attach completed evaluation forms)

County: _____ Date of Activity: _____

Name of person(s) who delivered the activity: _____

Name of Program Site: _____

Success Story

To write your story:

Highlight the success of a specific participant.

Quote what the participant said s/he learned.

How does s/he plan to use the new knowledge?

Or, based on previous classes, what behaviors have changed?

Behavioral Objectives (select all that apply)

- _____ Participants will choose and prepare nutritious meals.
- _____ Participants will balance the food they eat with physical activity.
- _____ Participants will use safe food handling, preparation and storage practices.
- _____ Participants will manage their food resources and use thrifty shopping practices for nutritious foods.
- _____ Participants will use non-emergency food assistance, such as food stamps.

Type of Direct Contact (Estimate numbers in each applicable category)

_____ One-on-one _____ Group class

Type of Indirect Contact (Estimate numbers in each applicable category)

_____ Fact sheet/brochures _____ Calendar

_____ Display _____ Video

_____ Newsletter _____ PSA (radio/tv) Numbers must reflect food stamp eligible

_____ Internet _____

Primary Curriculum (SELECT ONLY ONE)

- | | |
|--|---|
| <input type="checkbox"/> An Ounce of Prevention | <input type="checkbox"/> Kansas 4-H Curriculum |
| <input type="checkbox"/> Basic Foods & Nutrition (Basic Living Skills) | <input type="checkbox"/> Kids Mealtime |
| <input type="checkbox"/> Book Cooks <input type="checkbox"/> | <input type="checkbox"/> Kids a Cookin |
| <input type="checkbox"/> Book in a Bag | <input type="checkbox"/> La Cocina Saludable |
| <input type="checkbox"/> Building a Healthy Diet | <input type="checkbox"/> Mission Nutrition |
| <input type="checkbox"/> Chef Combo | <input type="checkbox"/> Money for Food |
| <input type="checkbox"/> Commodity Foods Cookbook <input type="checkbox"/> | <input type="checkbox"/> Nutrition PAGE |
| <input type="checkbox"/> EFNEP Adult Curriculum | <input type="checkbox"/> Professor Popcorn |
| <input type="checkbox"/> Feeding Our Youngest | <input type="checkbox"/> Safe Food for Children |
| <input type="checkbox"/> HELP | <input type="checkbox"/> TEAM Nutrition |
| <input type="checkbox"/> Have a Healthy Baby | <input type="checkbox"/> Walk Kansas |
| <input type="checkbox"/> Junior Master Gardeners | <input type="checkbox"/> Other (specify) _____ |

Activity topics (Choose all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Children's nutrition <input type="checkbox"/> | <input type="checkbox"/> Meals for One |
| <input type="checkbox"/> Commodity Food use | <input type="checkbox"/> Mealtime/Family Time |
| <input type="checkbox"/> Diet and Physical Activity | <input type="checkbox"/> Nutrition Facts Label |
| <input type="checkbox"/> Dietary Guidelines | <input type="checkbox"/> Prenatal Nutrition |
| <input type="checkbox"/> Eating Out | <input type="checkbox"/> Recipe Modification |
| <input type="checkbox"/> Food Preparation | <input type="checkbox"/> Resource Management |
| <input type="checkbox"/> Food Safety | <input type="checkbox"/> Smart Shopping |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Snacking |
| <input type="checkbox"/> Healthy Weight at Any Size | <input type="checkbox"/> Sports Nutrition |
| <input type="checkbox"/> Herb/Supplement Use | <input type="checkbox"/> Vision Card Use |
| <input type="checkbox"/> Infant/Toddler Nutrition | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Meal Planning | |

Lesson Number

_____ of _____ What is this lesson number and what is the total number of lessons for this series?

Lesson Length

- less than 20 minutes
- 20-40 minutes
- 41-60 minutes
- more than 60 minutes

Collaborating Agencies/Organizations for this activity (Indicate all that apply)

Child Care Services:

- | | |
|---|--|
| <input type="checkbox"/> Child care center | <input type="checkbox"/> Infant and Toddler Services |
| <input type="checkbox"/> Child development center | <input type="checkbox"/> Parents as Teachers |
| <input type="checkbox"/> Even Start | |

Educational agencies/organizations:

- | | |
|---|--|
| <input type="checkbox"/> After school program | <input type="checkbox"/> Library |
| <input type="checkbox"/> Boys and Girls Club | <input type="checkbox"/> Parents as Teachers |
| <input type="checkbox"/> Developmental Services | <input type="checkbox"/> Parks and Recreation Department |
| <input type="checkbox"/> Extension | <input type="checkbox"/> School-elementary |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> School-middle |
| <input type="checkbox"/> Job training site | <input type="checkbox"/> School-high |
| <input type="checkbox"/> Learning center | <input type="checkbox"/> Summer day camp |

Food Security Service Agencies/Organizations:

- | | |
|---|---|
| <input type="checkbox"/> Commodity Food Distribution site | <input type="checkbox"/> Homeless shelter |
| <input type="checkbox"/> Crisis center | <input type="checkbox"/> Salvation Army |
| <input type="checkbox"/> Food bank or pantry | <input type="checkbox"/> SRS |
| <input type="checkbox"/> Heartland SHARE | |

Health Care Agencies:

- Health Department
- Hospital
- Indian Health Services
- Mental Health Agency
- WIC

Older Adult Services:

- Senior center
- Congregate Meal site

Miscellaneous:

- | | |
|--|--|
| <input type="checkbox"/> Church | <input type="checkbox"/> Home for pregnant teens |
| <input type="checkbox"/> Correctional facility | <input type="checkbox"/> Housing Authority |
| <input type="checkbox"/> Group home | <input type="checkbox"/> Other (specify) _____ |

How did you market this activity?(Choose all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Bulletin Board | <input type="checkbox"/> Posters |
| <input type="checkbox"/> Flyers/brochures | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> TV |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Word of Mouth |

Where did you market this activity? (Choose all that apply)

- SRS
- Other (specify) _____

Characteristics of the audience (select all that are appropriate)

- | | |
|---|--|
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Pre-school youth |
| <input type="checkbox"/> Immigrants | <input type="checkbox"/> School-aged youth |
| <input type="checkbox"/> Parents of infants | <input type="checkbox"/> Seniors |
| <input type="checkbox"/> Parents of school aged youth | <input type="checkbox"/> Teen parents |
| <input type="checkbox"/> Parents of pre-schoolers | <input type="checkbox"/> Other (specify) _____ |

Grade and Gender of Participants (Estimate numbers for each)

	Female	Male
Youth		
Preschool	_____	_____
Kindergarten	_____	_____
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____
11	_____	_____
12	_____	_____
	Total <input type="checkbox"/> _____ <input type="checkbox"/>	Total <input type="checkbox"/> _____ <input type="checkbox"/>
	Grand Total <input type="checkbox"/> _____	

Total # of Special Needs participants who are included in the above: _____

Age and Gender of Participants (Estimate number for each adult age group not in school.)

Adults

16	_____	_____
17	_____	_____
18	_____	_____
19-40	_____	_____
41-59	_____	_____

Seniors

60 and older	_____	_____
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Total <input type="checkbox"/>	_____ <input type="checkbox"/>	Total <input type="checkbox"/>	_____ <input type="checkbox"/>	Grand Total <input type="checkbox"/>	_____
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Total # of Special Needs participants who are included in the above: _____

Ethnicity of Youth (estimate number of each)

_____	African Americans
_____	Asian/Pacific Islanders
_____ <input type="checkbox"/>	Caucasian/Nonhispanics <input type="checkbox"/>
_____	Hispanics
_____	Native Americans
_____	Other
_____ <input type="checkbox"/>	Total <input type="checkbox"/>

Ethnicity of Adults (estimate number of each)

_____	African Americans
_____	Asian/Pacific Islanders
_____ <input type="checkbox"/>	Caucasian/Nonhispanics <input type="checkbox"/>
_____	Hispanics
_____	Native Americans
_____	Other
_____ <input type="checkbox"/>	Total <input type="checkbox"/>

Fruits and Vegetables

How did you encourage your clients to eat more fruits and vegetables?

Food Stamp Outreach

How was information about benefits and availability of food stamps shared?

**Attach this form to the evaluation data collected from this activity.
Send to KSU-FNP by the 10th of the month.**