# Teacher Activity Reporting Tool
# PreK thru Middle + AfterSchool

UC CE

UNIVERSITY OF CALIFORNIA
Agriculture & Natural Resources
Nutrition Education Programs
Kings County
COOPERATIVE EXTENSION
559-582-3211 ext 2738
http://cekings.ucdavis.edu

Funding for this program is based on the value of your time dedicated to nutrition education using Youth Nutrition Education Program materials.
Funding Formula: The value of an hour of your time (Salary and Benefits) X The number of hours spent on nutrition education. We cannot receive Federal funding without this information. **This information will remain confidential.**

Teacher Name _____ School _____ Denise Cuendett-dhcuendett@ucdavis.edu
UC FSNEP contact name

Grade _____ Room # _____ 582-3211 ext 2730
UC FSNEP contact number

| **February 2010 Q2** | **Date and Hours Delivered** | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 8 | 9 | 10 | 11 | 12 | 15 | 16 | 17 | 18 | 19 | 22 | 23 | 24 | 25 | 26 | | | | |
| **CLASSROOM CURRICULA** | M | T | W | TH | F | M | T | W | TH | F | M | T | W | TH | F | M | T | W | TH | F | | | | TL HRS |
| *Include prep, lessons & extension activities* | | | | | | | | | | | | | | | | | | | | | | | | |
| **Go, Glow, Grow** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Happy Healthy Me** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reading Across MyPyramid** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Farm to Fork** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Nutrition to Grow On** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Ag in the Classroom** | | | | | | | | | | | | | | | | | | | | | | | | |
| **TWIGS** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Dairy Council -** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Power Play! HOURS ONLY** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Eat Smart, Play Hard** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Other (describe activities)** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Other (describe activities)** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Other (describe activities)** | | | | | | | | | | | | | | | | | | | | | | | | |
| **OUTSIDE CLASSROOM** | | | | | | | | | | | | | | | | | | | | | | | | |
| Parent/Adult Nutrition Education | | | | | | | | | | | | | | | | | | | | | | | | |
| Nutrition Education at **Special Events** (field trips, Back to School, Open House, Health Fairs etc) | | | | | | | | | | | | | | | | | | | | | | | | |
| **Physical Activity Promotion** with Students and Parents (as a component of nutrition education) | | | | | | | | | | | | | | | | | | | | | | | | |
| **Staff Training/ Professional Development** (Nutrition Education, Physical Activity Promotion) | | | | | | | | | | | | | | | | | | | | | | | | |
| **Administrative Tasks** (time spent on Activity Reporting Tool, coordinating with UCCE Nutrition Staff) | | | | | | | | | | | | | | | | | | | | | | | | |
| **Total HOURS** | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | Total Activities | |
| **Power Play!** NUMBER OF ACTIVITIES DELIVERED | | | | | | | | | | | | | | | | | | | | | | | | |

**Instructions:**
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**1. Use BLUE INK.**

**2. Complete non- shaded areas.**

**3. Record time in HOURS or fractions of an hour.**
1.0 hr = 1.0 45 min = .75
30 min = .50 15 min = .25

**4. Sign and Date** once recordkeeping is completed for the month.

**Allowable Activities:**

Preparing and teaching UC FSNEP nutrition education activities

Physical Activity Promotion including UC-FSNEP Nutrition component
*( **Note:** Routine PE classes cannot be claimed unless the classes are coupled with nutrition education)*

UC-FSNEP Parent/Adult Nutrition education

**Unallowable Activities:**

Transportation time for field trips

Time spent creating / maintaining school gardens

Activity not related to Nutrition in school gardens

Time reported or Cost Shared to

**Teacher Signature** _____ **Date** _____

**Certifier's Signature** _____ **Date** _____

**Certifier is:** ☐ *lead teacher/principal* ☐ *FSE representative* ☐ *batched?* ☐ *number of classes recorded on this form*