

Ohio SNAP-Ed Progression Record – FY 2019

DIRECTIONS: Please use this form as a record of your program. The information you fill out is for your use only and does not need to be included in the SNAP-Ed monthly statistical report.

Program Date _____ Program Title/Lesson Name _____

<p>Record responses from review of previous lesson(s) and/or successes experienced by this group of participants so far: <i>(include changes in attitudes, knowledge, skills, or behaviors)</i></p>
<p>Record what you might do differently the next time you present this program:</p>
<p>Food Activity Added:</p>
<p>Physical Activity Used (if any):</p>
<p>Date and Time of Next Lesson:</p>
<p>Topic of Next Lesson:</p>
<p>Reminders for Next Meeting: <i>(follow-up on participant established “will try” goals, etc.)</i></p>
<p>Any absent participant(s)/missed lessons? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, include any follow-up plans)</i></p>
<p>Participant questions/requests for follow-up:</p>

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