

EFNEP Progression Record _____ COUNTY

PA: _____ **Enrollment Date:** _____ **Instruction:** Group Individual

Location/Group: _____ ESBA ESBA for Healthy Pregnancy Other: _____

Lesson #: _____ **Lesson Title:** _____ **Lesson Date:** _____

Goal: *Choose 1 (What is the main purpose of the lesson?)*

- Improved Nutrition Improved Food Resource Management Improved Food Safety Practices
 Increased Frequency of being Physically Active Improved Feeding Relationship Skills

Recipe Used _____ **Physical Activity Used:** _____

- Tasting (brought to class already prepared) Demonstration (PA makes during lesson) Preparation (participants make)

Record Successes experienced by this group or participant so far *(include changes in attitudes, knowledge, skills, or behaviors)*

Participant questions/requests for follow-up:

Any absent participant(s)/ missed lessons? *(if yes, follow-up plans)*

Reminders for Next Lesson: *(follow-up on "will try" goals, etc)* **Date and Time of Next Lesson:** _____

Lesson #: _____ **Lesson Title:** _____ **Lesson Date:** _____

Goal: *Choose 1 (What is the main purpose of the lesson?)*

- Improved Nutrition Improved Food Resource Management Improved Food Safety Practices
 Increased Frequency of being Physically Active Improved Feeding Relationship Skills

Recipe Used _____ **Physical Activity Used:** _____

- Tasting (brought to class already prepared) Demonstration (PA makes during lesson) Preparation (participants make)

Record responses from Review of previous lesson(s) and/or Successes experienced by this group or participant so far *(include changes in attitudes, knowledge, skills, or behaviors)*

Participant questions/requests for follow-up:

Any absent participant(s)/ missed lessons? *(if yes, follow-up plans)*

Reminders for Next Lesson: *(follow-up on "will try" goals, etc)* **Date and Time of Next Lesson:** _____

Lesson #: _____ Lesson Title: _____ Lesson Date: _____

Goal: Choose 1 (What is the main purpose of the lesson?)

- Improved Nutrition Improved Food Resource Management Improved Food Safety Practices
 Increased Frequency of being Physically Active Improved Feeding Relationship Skills

Recipe Used _____ Physical Activity Used: _____

- Tasting (brought to class already prepared) Demonstration (PA makes during lesson) Preparation (participants make)

Record responses from Review of previous lesson(s) and/or Successes experienced by this group or participant so far
(include changes in attitudes, knowledge, skills, or behaviors)

Participant questions/requests for follow-up:

Any absent participant(s)/ missed lessons? (if yes, follow-up plans)

Reminders for Next Lesson: (follow-up on "will try" goals, etc) Date and Time of Next Lesson: _____

Lesson #: _____ Lesson Title: _____ Lesson Date: _____

Goal: Choose 1 (What is the main purpose of the lesson?)

- Improved Nutrition Improved Food Resource Management Improved Food Safety Practices
 Increased Frequency of being Physically Active Improved Feeding Relationship Skills

Recipe Used _____ Physical Activity Used: _____

- Tasting (brought to class already prepared) Demonstration (PA makes during lesson) Preparation (participants make)

Record responses from Review of previous lesson(s) and/or Successes experienced by this group or participant so far
(include changes in attitudes, knowledge, skills, or behaviors)

Participant questions/requests for follow-up:

Any absent participant(s)/ missed lessons? (if yes, follow-up plans)

Reminders for Next Lesson: (follow-up on "will try" goals, etc) Date and Time of Next Lesson: _____

Lesson #: _____ Lesson Title: _____ Lesson Date: _____

Goal: Choose 1 (What is the main purpose of the lesson?)

- Improved Nutrition Improved Food Resource Management Improved Food Safety Practices
 Increased Frequency of being Physically Active Improved Feeding Relationship Skills

Recipe Used _____ **Physical Activity Used:** _____

- Tasting (brought to class already prepared) Demonstration (PA makes during lesson) Preparation (participants make)

Record responses from Review of previous lesson(s) and/or Successes experienced by this group or participant so far
(include changes in attitudes, knowledge, skills, or behaviors)

Participant questions/requests for follow-up:

Any absent participant(s)/ missed lessons? (if yes, follow-up plans)

Reminders for Next Lesson: (follow-up on "will try" goals, etc) **Date and Time of Next Lesson:** _____

Lesson #: _____ Lesson Title: _____ Lesson Date: _____

Goal: Choose 1 (What is the main purpose of the lesson?)

- Improved Nutrition Improved Food Resource Management Improved Food Safety Practices
 Increased Frequency of being Physically Active Improved Feeding Relationship Skills

Recipe Used _____ **Physical Activity Used:** _____

- Tasting (brought to class already prepared) Demonstration (PA makes during lesson) Preparation (participants make)

Record responses from Review of previous lesson(s) and/or Successes experienced by this group or participant so far
(include changes in attitudes, knowledge, skills, or behaviors)

Participant questions/requests for follow-up:

Any absent participant(s)/ missed lessons? (if yes, follow-up plans)

Reminders for Next Lesson: (follow-up on "will try" goals, etc) **Date and Time of Next Lesson:** _____

Lesson #: _____ Lesson Title: _____ Lesson Date: _____

Goal: Choose 1 (What is the main purpose of the lesson?)

- Improved Nutrition Improved Food Resource Management Improved Food Safety Practices
 Increased Frequency of being Physically Active Improved Feeding Relationship Skills

Recipe Used _____ **Physical Activity Used:** _____

- Tasting (brought to class already prepared) Demonstration (PA makes during lesson) Preparation (participants make)

Record responses from Review of previous lesson(s) and/or Successes experienced by this group or participant so far
(include changes in attitudes, knowledge, skills, or behaviors)

Participant questions/requests for follow-up:

Any absent participant(s)/ missed lessons? (if yes, follow-up plans)

Reminders for Next Lesson: (follow-up on "will try" goals, etc) **Date and Time of Next Lesson:** _____

Lesson #: _____ Lesson Title: _____ Lesson Date: _____

Goal: Choose 1 (What is the main purpose of the lesson?)

- Improved Nutrition Improved Food Resource Management Improved Food Safety Practices
 Increased Frequency of being Physically Active Improved Feeding Relationship Skills

Recipe Used _____ **Physical Activity Used:** _____

- Tasting (brought to class already prepared) Demonstration (PA makes during lesson) Preparation (participants make)

Record responses from Review of previous lesson(s) and/or Successes experienced by this group or participant so far
(include changes in attitudes, knowledge, skills, or behaviors)

Participant questions/requests for follow-up:

Any absent participant(s)/ missed lessons? (if yes, follow-up plans)