Ohio SNAP-Ed Progression Record – FY 2020

**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.

<table>
<thead>
<tr>
<th>Program Date _________</th>
<th>Program Title/Lesson Name ____________________________________</th>
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**Record responses from review of previous lesson(s) and/or successes experienced by this group of participants so far: (include changes in attitudes, knowledge, skills, or behaviors)**

**Record what you might do differently the next time you present this program:**

**Food Activity Added:**

**Physical Activity Used (if any):**

**Date and Time of Next Lesson:**

**Topic of Next Lesson:**

**Reminders for Next Meeting: (follow-up on participant established “will try” goals, etc.)**

**Any absent participant(s)/missed lessons? ☐ Yes ☐ No (If yes, include any follow-up plans)**

**Participant questions/requests for follow-up:**