



UNIVERSITY
OF
CALIFORNIA

Program Activity Reporting Form

County _____ FFY _____

Teacher / Extender Name _____

Grade _____

School or Site Name _____

Enter the reporting Month

How many times did you deliver a lesson from a CalFresh Healthy Living approved curricula this month?

Enter the total hours spent teaching CalFresh Healthy Living, UC Curricula.

Additional Time Addressing

☐ Curriculum Objectives ☐ Physical Activity breaks

(e.g., Discussing Food Groups, reviewing nutrition labels etc.)

Enter time in fractions of an hour for minutes for example:

15 minutes = .25 hours

30 minutes = .50 hours

45 minutes = .75 hours

60 minutes = 1 hour



For Office Use Only do not enter

For the month of _____ Enter _____ sessions at _____ minutes each

For the month of _____ Enter _____ sessions at _____ minutes each

For the month of _____ Enter _____ sessions at _____ minutes each

Enter _____ Total volunteer hours for the quarter

This material was funded by USDA's Supplemental Nutrition Program - SNAP, known in California as CalFresh. These institutions are equal opportunity providers and employers. CalFresh provides assistance to low-income households and can help buy nutritious foods for better health. For CalFresh information, call 1-877-847-3663.



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