



County _____ FFY _____

Teacher / Extender Name _____ Grade _____

School or Site Name _____

Enter the reporting Month	<input type="text"/>	<input type="text"/>	<input type="text"/>	<i>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</i>
How many times did you deliver a lesson from a CalFresh Healthy Living approved curricula this month?	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Enter the total hours spent teaching CalFresh Healthy Living, UC Curricula.	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Additional Time Addressing <input type="checkbox"/> Curriculum Objectives <input type="checkbox"/> Physical Activity breaks	<input type="text"/>	<input type="text"/>	<input type="text"/>	

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



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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