



County _____ FFY _____

Teacher / Extender Name _____ Grade _____

School or Site Name _____

Enter the reporting Month	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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"/>	<i>Enter time in fractions of an hour for minutes; for example:</i> 15 minutes = .25 hours 30 minutes = .50 hours 45 minutes = .75 hours 60 minutes = 1 hour
Enter the total hours spent teaching CalFresh Healthy Living, UC Curricula.	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> Additional Time (Hours) Addressing Curriculum Objectives <input type="checkbox"/> Physical Activity breaks <i>(e.g., Discussing Food Groups, reviewing nutrition labels etc.)</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	



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		