



Exit

1) Educator Name _____

Date _____

Lesson Type:

Group name _____

OR Individual

2) Name _____

Please complete address, phone, email if it has changed from time of entry:

Street _____

City _____ Zip: _____

Phone (_____) _____

Email _____

3) **Programs that you and your family enrolled in *due to EFNEP help***
(check all that apply):

- School lunch and/or school breakfast
- FoodShare or Food Stamps (EBT)
- Head Start (CPCD)
- W-2/TANF (Temporary Assistance for Needy Families)
- TEFAP (Emergency Food Assistance Program)
- WIC

10.01.2011

4) **Do you have children living with you?**
 Yes No

If yes, what are their ages? _____

5) **Do you take nutritional supplements?**
(vitamins, herbs) Yes No

6) **How much money did you spend on food last month (money plus Food Stamps)?**

\$ _____

7) **How much moderate physical activity such as walking briskly or gardening do you get on an average day?**

- Less than 30 minutes
- 30 to 60 minutes
- More than 60 minutes

For EFNEP Educator Use:

Total Number of Lessons: _____

Number of Contacts: _____

Program Status:

- Educational objectives met (graduated)
- Returned to school
- Took job
- Family Concerns
- Staff Vacancy
- Moved
- Other obligation
- Lost contact with Client
- Other _____