PA's Group Planning Sheet

PA: _____ Name of Group: _____

Group Number: _____ Address of Meeting Place: _____

Planned Length of Meeting

- ☐ More than 1 hour
  Give time: _____
- ☐ 30 minutes – 1 hour
- ☐ 15 – 29 minutes

Meeting Site

- ☐ Food Stamp
- ☐ WIC
- ☐ Home
- ☐ Headstart
- ☐ Summer Feeding Prog.
- ☐ USDA Commodities
- ☐ Housing Project
- ☐ Community Center
- ☐ Day Care
- ☐ Church
- ☐ Other: _____

Priority Lesson	Date Taught	Priority Lesson	Date Taught	Optional Lessons	Date Taught
1. MyPyramid		9. Physical Activity		10. Fresh Produce	
2. Grains		11. Reading Labels		17. Infants	
3. Vegetables		12. Meal Planning		18. Young Children	
4. Fruits		13. Saving Money		19. Pregnancy	
5. Milk & Milk Products		14. Breakfast		20. Disasters	
6. Protein		15. Snacks			
7. Fats		16. Food Safety			
8. Discretionary Calories					

Names of Enrolled Homemakers	Meetings – Check Attendance												Total # Lessons	Times Met
	1	2	3	4	5	6	7	8	9	10	11	12		
1.														
2.														
3.														
4.														
5.														
6.														
7.														
8.														
9.														
10.														
Visitors														
1.														
2.														
3.														
4.														
Total Attendance														