Rutgers Cooperative Extension, NJ EFNEP Youth Cover Sheet

COL	JNTY								YOUTH
NUTRITION EDUCATOR ONLY: GROUP INFORMATION									
Nutrition I Name	Educator's								
Site Name				City					
Site Description									
Volunteer Name				Group Number (Assigned by the Secretary)					
Group Start Date			Group End						
Total # of Participants				# of Lessons					
Total # of Graduates				# of Sessions					
Total # of	Dropped			# of Hours Taught					
Date Subn the Secret									
SECRETARY ONLY									
Date Revie	ewed		Secretary Signature:						
SUPERVISOR ONLY									
Date Revie	ewed			Supervisor Signature					
MANDATORY FORMS									
Please initial to confirm all forms are complete & have been included in this packet.									
Educator	Trease iiii		Secretary	omprete a m			upervisor	Порцен	
☐ PPA☐ Site Iss☐ Volunt☐ Youth☐ Youth☐	 Pre & Post Grade Surveys (sets matched up) Drop Form (if needed) Participant Drops Lesson Plan Tally Sheet 								
STATE OFFICE									

Received By

Date Received

Revised: 2/24/2020

☐ Electronic/Digital