



## NUTRITION TIME DOCUMENTATION FORM – AUGUST 2013

Name: \_\_\_\_\_  
Please Print

Location: \_\_\_\_\_ Grade(s): \_\_\_\_\_ # Kids: \_\_\_\_\_

**Week 1 (Aug 5-9): I spent \_\_\_\_\_ hours teaching nutrition.**  
**Week 2 (Aug 12-16): I spent \_\_\_\_\_ hours teaching nutrition.**  
**Week 3 (Aug 19-23): I spent \_\_\_\_\_ hours teaching nutrition.**  
**Week 4 (Aug 26-30): I spent \_\_\_\_\_ hours teaching nutrition.**

**Total hours this month: \_\_\_\_\_**

Please indicate how many times (not X's or check marks) you taught the following nutrition topics this month (can be any length of time & can be taught more than once a day)

#	Topic	#	Topic
	Fat Free & Low Fat Milk or Equivalent (and Alternative Calcium Sources)		MyPlate – Healthy Eating Plan
	Fats and Oils		Physical Activity
	Fiber Rich Foods		Promote Healthy Weight
	Food Shopping / Preparation		Sodium & Potassium
	Fruits & Vegetables		Whole Grains
	Lean Meat & Beans		Hand Washing/Food Safety
	Limit Added Sugars or Caloric Sweeteners		

**Note:** Topics taught at separate times should each be counted separately. If any two topics from MyPlate are taught together (whole grains, milk, etc.), they should be counted as MyPlate not as individual topics. **For example,** if Fruits & Veggies are taught in one session and Whole Grains are taught in a separate session then these would be counted separately. If they were both taught together in the same session then it would be counted as MyPlate.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Kid Zone Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

[www.eatwellbewell.org](http://www.eatwellbewell.org)

Forms should be turned in at the end of each month to the Kid Zone mailbox at your school or by e-mail. For questions, concerns, or to e-mail your form, contact: Ryan Lang at (480) 350-5447, [Ryan.Lang@tempe.gov](mailto:Ryan.Lang@tempe.gov) or Lia Minatogawa at (480) 350-5409, [Lia.Minatogawa@tempe.gov](mailto:Lia.Minatogawa@tempe.gov). Thank you for your participation.



## NUTRITION TIME DOCUMENTATION FORM – SEPTEMBER 2013

Name: \_\_\_\_\_  
Please Print

Location: \_\_\_\_\_ Grade(s): \_\_\_\_\_ # Kids: \_\_\_\_\_

**Week 1 (Sept 2-6): I spent \_\_\_\_\_ hours teaching nutrition.**  
**Week 2 (Sept 9-13): I spent \_\_\_\_\_ hours teaching nutrition.**  
**Week 3 (Sept 16-20): I spent \_\_\_\_\_ hours teaching nutrition.**  
**Week 4 (Sept 23-27): I spent \_\_\_\_\_ hours teaching nutrition.**

**Total hours this month: \_\_\_\_\_**

Please indicate how many times (not X's or check marks) you taught the following nutrition topics this month (can be any length of time & can be taught more than once a day)

#	Topic	#	Topic
	Fat Free & Low Fat Milk or Equivalent (and Alternative Calcium Sources)		MyPlate – Healthy Eating Plan
	Fats and Oils		Physical Activity
	Fiber Rich Foods		Promote Healthy Weight
	Food Shopping / Preparation		Sodium & Potassium
	Fruits & Vegetables		Whole Grains
	Lean Meat & Beans		Hand Washing/Food Safety
	Limit Added Sugars or Caloric Sweeteners		

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\_\_\_\_\_  
 Employee Signature Date

\_\_\_\_\_  
 Kid Zone Supervisor Signature Date

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## NUTRITION TIME DOCUMENTATION FORM – OCTOBER 2013

Name: \_\_\_\_\_  
Please Print

Location: \_\_\_\_\_ Grade(s): \_\_\_\_\_ # Kids: \_\_\_\_\_

**Week 1 (Sept 30-Oct 4): I spent \_\_\_\_\_ hours teaching nutrition.**  
**Week 2 (Oct 7-11): I spent \_\_\_\_\_ hours teaching nutrition.**  
**Week 3 (Oct 14-18): I spent \_\_\_\_\_ hours teaching nutrition.**  
**Week 4 (Oct 21-25): I spent \_\_\_\_\_ hours teaching nutrition.**

**Total hours this month: \_\_\_\_\_**

Please indicate how many times (not X's or check marks) you taught the following nutrition topics this month (can be any length of time & can be taught more than once a day)

#	Topic	#	Topic
	Fat Free & Low Fat Milk or Equivalent (and Alternative Calcium Sources)		MyPlate – Healthy Eating Plan
	Fats and Oils		Physical Activity
	Fiber Rich Foods		Promote Healthy Weight
	Food Shopping / Preparation		Sodium & Potassium
	Fruits & Vegetables		Whole Grains
	Lean Meat & Beans		Hand Washing/Food Safety
	Limit Added Sugars or Caloric Sweeteners		

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Kid Zone Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

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## NUTRITION TIME DOCUMENTATION FORM – NOVEMBER 2013

Name: \_\_\_\_\_

Please Print

Location: \_\_\_\_\_ Grade(s): \_\_\_\_\_ # Kids: \_\_\_\_\_

Week 1 (Oct 28- Nov 1): I spent \_\_\_\_\_ hours teaching nutrition.  
 Week 2 (Nov 4-8): I spent \_\_\_\_\_ hours teaching nutrition.  
 Week 3 (Nov 11-15): I spent \_\_\_\_\_ hours teaching nutrition.  
 Week 4 (Nov 18-22): I spent \_\_\_\_\_ hours teaching nutrition.  
 Week 4 (Nov 25-29): I spent \_\_\_\_\_ hours teaching nutrition.

Total hours this month: \_\_\_\_\_

Please indicate how many times (not X's or check marks) you taught the following nutrition topics this month (can be any length of time & can be taught more than once a day)

#	Topic	#	Topic
	Fat Free & Low Fat Milk or Equivalent (and Alternative Calcium Sources)		MyPlate – Healthy Eating Plan
	Fats and Oils		Physical Activity
	Fiber Rich Foods		Promote Healthy Weight
	Food Shopping / Preparation		Sodium & Potassium
	Fruits & Vegetables		Whole Grains
	Lean Meat & Beans		Hand Washing/Food Safety
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## NUTRITION TIME DOCUMENTATION FORM – DECEMBER 2013

Name: \_\_\_\_\_  
Please Print

Location: \_\_\_\_\_ Grade(s): \_\_\_\_\_ # Kids: \_\_\_\_\_

Week 1 (Dec 2-6): I spent \_\_\_\_\_ hours teaching nutrition.  
 Week 2 (Dec 9-13): I spent \_\_\_\_\_ hours teaching nutrition.  
 Week 3 (Dec 16-20): I spent \_\_\_\_\_ hours teaching nutrition.  
 Week 4 (Dec 23-27): I spent \_\_\_\_\_ hours teaching nutrition.

Total hours this month: \_\_\_\_\_

Please indicate how many times (not X's or check marks) you taught the following nutrition topics this month (can be any length of time & can be taught more than once a day)

#	Topic	#	Topic
	Fat Free & Low Fat Milk or Equivalent (and Alternative Calcium Sources)		MyPlate – Healthy Eating Plan
	Fats and Oils		Physical Activity
	Fiber Rich Foods		Promote Healthy Weight
	Food Shopping / Preparation		Sodium & Potassium
	Fruits & Vegetables		Whole Grains
	Lean Meat & Beans		Hand Washing/Food Safety
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## NUTRITION TIME DOCUMENTATION FORM – JANUARY 2014

Name: \_\_\_\_\_  
Please Print

Location: \_\_\_\_\_ Grade(s): \_\_\_\_\_ # Kids: \_\_\_\_\_

Week 1 (Jan 6-10): I spent \_\_\_\_\_ hours teaching nutrition.  
 Week 2 (Jan 13-17): I spent \_\_\_\_\_ hours teaching nutrition.  
 Week 3 (Jan 20-24): I spent \_\_\_\_\_ hours teaching nutrition.  
 Week 4 (Jan 27-31): I spent \_\_\_\_\_ hours teaching nutrition.

Total hours this month: \_\_\_\_\_

Please indicate how many times (not X's or check marks) you taught the following nutrition topics this month (can be any length of time & can be taught more than once a day)

#	Topic	#	Topic
	Fat Free & Low Fat Milk or Equivalent (and Alternative Calcium Sources)		MyPlate – Healthy Eating Plan
	Fats and Oils		Physical Activity
	Fiber Rich Foods		Promote Healthy Weight
	Food Shopping / Preparation		Sodium & Potassium
	Fruits & Vegetables		Whole Grains
	Lean Meat & Beans		Hand Washing/Food Safety
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## NUTRITION TIME DOCUMENTATION FORM – FEBRUARY 2014

Name: \_\_\_\_\_  
Please Print

Location: \_\_\_\_\_ Grade(s): \_\_\_\_\_ # Kids: \_\_\_\_\_

Week 1 (Feb 2-6): I spent \_\_\_\_\_ hours teaching nutrition.  
 Week 2 (Feb 19-13): I spent \_\_\_\_\_ hours teaching nutrition.  
 Week 3 (Feb 16-20): I spent \_\_\_\_\_ hours teaching nutrition.  
 Week 4 (Feb 23-27): I spent \_\_\_\_\_ hours teaching nutrition.

Total hours this month: \_\_\_\_\_

Please indicate how many times (not X's or check marks) you taught the following nutrition topics this month (can be any length of time & can be taught more than once a day)

#	Topic	#	Topic
	Fat Free & Low Fat Milk or Equivalent (and Alternative Calcium Sources)		MyPlate – Healthy Eating Plan
	Fats and Oils		Physical Activity
	Fiber Rich Foods		Promote Healthy Weight
	Food Shopping / Preparation		Sodium & Potassium
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## NUTRITION TIME DOCUMENTATION FORM – MARCH 2014

Name: \_\_\_\_\_  
Please Print

Location: \_\_\_\_\_ Grade(s): \_\_\_\_\_ # Kids: \_\_\_\_\_

Week 1 (March 3-7): I spent \_\_\_\_\_ hours teaching nutrition.  
 Week 2 (March 10-14): I spent \_\_\_\_\_ hours teaching nutrition.  
 Week 3 (March 17-21): I spent \_\_\_\_\_ hours teaching nutrition.  
 Week 4 (March 24-28): I spent \_\_\_\_\_ hours teaching nutrition.

Total hours this month: \_\_\_\_\_

Please indicate how many times (not X's or check marks) you taught the following nutrition topics this month (can be any length of time & can be taught more than once a day)

#	Topic	#	Topic
	Fat Free & Low Fat Milk or Equivalent (and Alternative Calcium Sources)		MyPlate – Healthy Eating Plan
	Fats and Oils		Physical Activity
	Fiber Rich Foods		Promote Healthy Weight
	Food Shopping / Preparation		Sodium & Potassium
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Kid Zone Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

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## NUTRITION TIME DOCUMENTATION FORM – APRIL 2014

Name: \_\_\_\_\_  
Please Print

Location: \_\_\_\_\_ Grade(s): \_\_\_\_\_ # Kids: \_\_\_\_\_

**Week 1 (March 31- April 4):** I spent \_\_\_\_\_ hours teaching nutrition.  
**Week 2 (April 7-11):** I spent \_\_\_\_\_ hours teaching nutrition.  
**Week 3 (April 14-18):** I spent \_\_\_\_\_ hours teaching nutrition.  
**Week 4 (April 21-25):** I spent \_\_\_\_\_ hours teaching nutrition.

Total hours this month: \_\_\_\_\_

Please indicate how many times (not X's or check marks) you taught the following nutrition topics this month (can be any length of time & can be taught more than once a day)

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## NUTRITION TIME DOCUMENTATION FORM – MAY 2014

Name: \_\_\_\_\_  
Please Print

Location: \_\_\_\_\_ Grade(s): \_\_\_\_\_ # Kids: \_\_\_\_\_

Week 1 (April 28- May 2): I spent \_\_\_\_\_ hours teaching nutrition.  
 Week 2 (May 5-9): I spent \_\_\_\_\_ hours teaching nutrition.  
 Week 3 (May 12-16): I spent \_\_\_\_\_ hours teaching nutrition.  
 Week 4 (May 19-23): I spent \_\_\_\_\_ hours teaching nutrition.  
 Week 5 (May 26-30): I spent \_\_\_\_\_ hours teaching nutrition.

Total hours this month: \_\_\_\_\_

Please indicate how many times (not X's or check marks) you taught the following nutrition topics this month (can be any length of time & can be taught more than once a day)

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 Employee Signature Date

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 Kid Zone Supervisor Signature Date

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