Steps to Health
Supplemental Nutrition Assistance Program Education (SNAP-Ed)
4th Grade

GARDEN EDUCATION

Year:_____

School: _____

County: _____

Nutrition Educator:_____

Teacher: _____

When each lesson is taught:
1. write the date of the lesson; 2. write the length of the lesson in minutes;
3. check off which students were in attendance on that date and for that lesson.

Student's First Name	**Student's Last Name**	**Ethnic Group** A. Hispanic/ Latino OR B. Non-Hispanic/ Non-Latino	**Race** (If "mixed" or "other," write all numbers that apply) 1. American Indian or Alaska Native 2. Asian 3. Black/African American 4. Native Hawaiian/Pacific Islander 5. White	**Gender** Male OR Female	**Date:** **# Min.:** **Session 1 GO Plant**	**Date:** **# Min.:** **Session 2 Manage-ment**	**Date:** **# Min.:** **Session 3 Agro-ecology**	**Date:** **# Min.:**	**Date:** **# Min.:**	**Date:** **# Min.:**

NC STATE EXTENSION

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Eat Smart Move More NORTH CAROLINA