**SKILLS FOR HEALTHY LIVING- MICHIGAN MODEL FOR HEALTH®**

The time you report teaching nutrition and promoting physical activity on this log is matched by funds that bring all parts of the SNAPPING UP program to your students and school.

Use Pen or Pencil

Mark like this: 

Not like this: 

**A.** This month, did you complete any Nutrition and Physical Activity lessons?

Yes No

If yes, how many times for each lesson:

1. Food Borne Illness……………………………. 1 time 2 times 3 times 4 times

2. Benefits of Healthy Eating and Physical

Activity……………………………………. 1 time 2 times 3 times 4 times

3. My Plan for Healthy Eating and Physical

Activity………………………………….… 1 time 2 times 3 times 4 times

4. Built to Last……………………………………… 1 time 2 times 3 times 4 times

5. Strategies for Physical Activity, Eating,

and Sleeping…………………………... 1 time 2 times 3 times 4 times

6. Making a Plan for Eating and Physical

Activity Pt. 1………………………….… 1 time 2 times 3 times 4 times

7. Making a Plan for Eating and Physical

Activity Pt. 2………………………….. 1 time 2 times 3 times 4 times

**B.** This month, did you complete any Personal Health and Wellness lessons?

Yes No

If yes, how many times for each lesson:

1. Germ Busters…………..………………………. 1 time 2 times 3 times 4 times

**C.** Did a Nutrition Educator visit your classroom this month? YES NO

**Enter Date for This Log**

/ /

Name of Teacher (Printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_  
 Administrator’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_

**Only the lessons listed here are approved for use in SNAPPING UP, a SNAP-ED project of the Michigan Nutrition Network.** You are welcome and encouraged to us all the Michigan Model lessons outside of SNAP-ED programming.

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