

Educator Name:

Agency/School:

## CHECKLIST FOR RECORD COMPLETION For EFNEP Adult and Youth Folders

<input type="checkbox"/> 1 <sup>st</sup> Qtr	<input type="checkbox"/> 2 <sup>nd</sup> Qtr
<input type="checkbox"/> 3 <sup>rd</sup> Qtr	<input type="checkbox"/> 4 <sup>th</sup> Qtr

	REQUIRED ITEM	CE	CE III/ Sup	AA/OM
1.	<b>COVER SHEET:</b> Correct cover sheet is attached to the front of the folder and has been <b>completed thoroughly</b> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<b>ATTENDANCE SHEET:</b> is <b>completed</b> and <b>attached</b> inside the folder on the left-hand side.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<b>CONFIRMATION LETTER:</b> has been <b>signed &amp; attached</b> inside the folder on the left-hand side behind Attendance Sheet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<b>STEPS TO HEALTHY MEETINGS CHALLENGE:</b> Pledge form signed and included.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<b>LESSON Progression Records:</b> have been <b>completed</b> and <b>included</b> in the folder.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<b>ENTRY and EXIT:</b> Both data sheets have been included. All food data have been <b>coded correctly</b> and <b>demographic data are checked and consistent</b> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<b>YOUTH GROUP ENROLLMENT FORM:</b> has been <b>completed, checked for accuracy,</b> and <b>included</b> in folder.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<b>YOUTH Pre and Post SURVEYS:</b> have been <b>completed, checked for accuracy,</b> and <b>included</b> in folder. Surveys must match curriculum.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<b>VOLUNTEER FORM:</b> has been completed, if volunteer was used, and information is accurate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>INITIAL &amp; DATE:</b> After each person has made sure they have all required items, please <b>initial</b> and <b>enter the date you completed the form</b> .	<b>Initials:</b> _____ <b>Date:</b> _____ __/__/__	<b>Initials:</b> _____ <b>Date:</b> _____ __/__/__	<b>Initials:</b> _____ <b>Date:</b> _____ __/__/__