

CASELOAD EXPECTATION MONITORING

Program % Breakdown: EFNEP %: _____ ESNY %: _____ CHANCE%: _____ Other%: _____

Community Educator: _____

Expected # of EFNEP Adults per Qtr	Expected # of Groups per Quarter	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter

Expected # of ESNY Adults per Qtr	Expected # of Groups per Quarter	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter

Expected # of EFNEP Youth per Qtr	Expected # of Groups per Quarter	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter

Expected # of ESNY Youth per Qtr	Expected # of Groups per Quarter	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter

1st Quarter Summary:

Target Reached? Yes No

If no, actions to be taken: _____

2nd Quarter Summary:

Target Reached? Yes No

If no, actions to be taken: _____

3rd Quarter Summary:

Target Reached? Yes No

If no, actions to be taken: _____

4th Quarter Summary:

Target Reached? Yes No

If no, actions to be taken: _____

Staff Signature: _____

Supervisor Signature: _____

Date Reviewed: 1 st Qtr: __/__/__ 2 nd Qtr: __/__/__ 3 rd Qtr: __/__/__ 4 th Qtr: __/__/__
--

Workload Expectations

Staff Supervision

Staff Name: _____ Date: ____/____/____

To Be Discussed

-
-
-
-
-

Follow-up by Staff

-
-
-
-
-

Follow-up by Supervisor

-
-
-
-
-

Notes:

Staff Signature: _____ Date: ____/____/____

Supervisor Signature: _____ Date: ____/____/____