Date & Location:

Facilitators:

**Instructions:** Complete this worksheet to let us know how Learning Community 1 went! We suggest co-facilitators switch off and take notes when they are not presenting. In the table below, indicate (yes or no) whether you covered each of the meeting objectives today and approximately how much time you spent on that objective. Then on a scale of 1-5 (1 being needs improvement/not at all clear, 5 being excellent/very clear), let us know how successfully you think you delivered each meeting objective.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Meeting objectives** |  | **Yes/No** | **Time****(Minutes)** | **Rating****(1-5 scale)** | **Notes** |
| Describe the benefits of incorporating nutrition and physical activity in out of school time programs |  |  |  |  |  |
| Discuss why good nutrition and physical activity are important for children & adults |  |  |  |  |  |
| Review the specific health goals of the Out-of-School Time Nutrition and Physical Activity (OSNAP) Initiative |  |  |  |  |  |
| Describe the importance of policy to the process of making sustained healthy changes (relevance to addressing local, state, federal policy) |  |  |  |  |  |
| Get support to create healthier nutrition and physical activity practices and policies (e.g. facilitators circulate to groups to discuss/troubleshoot practice assessments and action plans)  |  |  |  |  |  |
| Review practice assessments, complete areas for improvement |  |  |  |  |  |
| Set goals and action plan for healthy changes at your program |  |  |  |  |  |
| Sharing of goals and action plans |  |  |  |  |  |
|  |  |  |  |  |  |
| **Facilitation** |  | **Yes/No** | **Notes** |
| Do you maintain good pacing today? |  |  |  |
| Were you organized and familiar with content? |  |  |  |
| Were participants highly engaged in the LC? |  |  |  |
|  |  |  |  |
| **Use the table below to track all the materials you’ve distributed and collected (either paper or electronic copies) and content that was reviewed/completed on OSNAP.org.** |
| **Materials** | **Distributed****Yes/No** | **Collected****Yes/No** | **Reviewed/completed on OSNAP.org****Yes/No** |
| MyOSNAP online portal instructions |  |  |  |
| Tip sheets and fast maps |  |  |  |
| Practice assessments  |  |  |  |
| Copies of PowerPoint slides  |  |  |  |
| Areas for improvement  |  |  |  |
| Action plans  |  |  |  |
| Evaluations  |  |  |  |

|  |
| --- |
| On a scale of 1-5 (1 being not prepared at all, 5 being very prepared), how prepared did you feel to run the learning community?  |
| Is there anything else you wish was covered or covered differently at today’s learning community? If yes, what would you have changed? |
| Were there issues that arose that you felt prepared to deal with? If yes, please describe the issues and how they were resolved. |
| Were there issues that arose that you felt unprepared to deal with? If yes, please describe the issues and how they were resolved. |
| Were there any areas of LC1 that you think should have been covered differently in the train-the-trainer session? If yes, please describe. |