Date & Location:

Facilitators:

**Instructions**:Complete this worksheet to let us know how Learning Community 2 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.

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| --- | --- | --- | --- | --- |
| **Meeting objectives** | **Yes/No** | **Time****(Minutes)** | **Rating****(1-5 scale)** | **Notes** |
| Discuss any changes sites have made over the past 2 months |  |  |  |  |
| Share successes and challenges around specific nutrition and physical activity goals |  |  |  |  |
| Learn to get kids moving with activity breaks in small spaces or when time is limited |  |  |  |  |
| Identify ways to improve the nutrition of food and beverages in affordable ways |  |  |  |  |
| Obtain resources for developing nutrition and physical activity policies |  |  |  |  |
| Revise goals/action plans for healthy changes at your program |  |  |  |  |

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| **Facilitation** | **Yes/No** | **Notes** |
| Do you maintain good pacing today? |  |  |
| Were you organized and familiar with content? |  |  |
| Were participants highly engaged in the LC? |  |  |

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| **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** |  | **Materials** | **Distributed****Yes/No** | **Reviewed****on OSNAP.org****Yes/No** |
| MyOSNAP online portal instructions |  |  |  | Physical activity ideas |  |  |
| Policy assessment  |  |  |  | Sample schedules |  |  |
| Policy areas for improvement  |  |  |  | Working with Food Service Guide |  |  |
| Copies of most recent action plans  |  |  |  | Snack Sense |  |  |
| Policy writing guide |  |  |  | Healthy Whole Grains |  |  |
| Copies of PowerPoint slides  |  |  |  |  |  |  |
| Evaluations  |  |  |  |  |  |  |

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| 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 LC2 that you think should have been covered differently in the train-the-trainer session? If yes, please describe. |