# Program Core Report Form

Date: _______________  Start Time: ___________________  End Time: _______________

Program Title: ___________________________________________  Location: __________________________

Project:
- [] Core
- [] Food Security
- [] FNP-IT
- [] Husky
- [] 4-H
- [] After –School
- [] Administration
- [] SNAP

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<thead>
<tr>
<th>Age Group</th>
<th>0 – 4</th>
<th>5 – 12</th>
<th>13 - 18</th>
<th>Adolescent</th>
<th>&gt;18</th>
<th>&gt;55</th>
<th>Non-Food</th>
<th>Intern &amp;</th>
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<td>Delivery Format</td>
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<td>Elementary</td>
<td>Secondary</td>
<td>Caretakers</td>
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**Direct Contacts**

**One-on-one**
- < 15 min
- Telephone
- >= 15 min

**Group Activities**
- Facilitated Group
- Activity Group
- Small Group
- Libraries

**Whole Site Activities (Fairs)**
- Fairs
- Other whole site activity

**Training Trainers**
- Internship and volunteer
- FSNE Staff
- Other staff

**Program Planning**
- Evaluation – data collection
- Meetings - internal
- Meetings -Partnership

**Indirect Contacts**
- Mailings
- Public Service Announcement
- Newsletters
- Internet

11/20/2003
Team Leader for Event or Person Completing Report:

What was done and what was used?

UCONN Staff Participating in Program: (List all in attendance)

Partner Report

CONTINUED FUNDING AND MATCH DEPENDS ON ACCURATE RECORDS OF PARTNER PARTICIPATION. PLEASE SIGN-IN ON SHEET ATTACHED.

Agencies Represented.

Participants (if applicable)

BEFORE RECORDING CONTACT INFORMATION FOR PARTICIPANTS, VERIFY THAT HUMAN SUBJECTS CONSENT AND RELEASE FORMS ARE COMPLETE.
<table>
<thead>
<tr>
<th>Date</th>
<th>Program</th>
<th>Name</th>
<th>Signature</th>
<th>Agency</th>
<th>School, if applicable</th>
<th>Title</th>
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