

Arizona Nutrition Network

*Osborn District Teacher Time Form
September 2008*



Name: _____ School: _____ Grade: _____ Number of Students: _____

Week 1	September 1-5	I spent _____	hours this week preparing for or teaching nutrition.
Week 2	September 8-12	I spent _____	hours this week preparing for or teaching nutrition.
Week 3	September 15-19	I spent _____	hours this week preparing for or teaching nutrition.
Week 4	September 22-26	I spent _____	hours this week preparing for or teaching nutrition.
Week 5	September 29-30	I spent _____	hours this week preparing for or teaching nutrition.

Please circle the number of times you taught the following topic(s) in your classroom. If you taught a topic more than 10 times, please write the number of times in the blank.

Times Taught											Nutrition/Physical Activity Topic
1	2	3	4	5	6	7	8	9	10	_____	Benefits of Physical Activity (I)
1	2	3	4	5	6	7	8	9	10	_____	Fat and Oils (B)
1	2	3	4	5	6	7	8	9	10	_____	Fiber-Rich Foods (C)
1	2	3	4	5	6	7	8	9	10	_____	Food Shopping/Preparation (D)
1	2	3	4	5	6	7	8	9	10	_____	Fruit and Vegetables (E)
1	2	3	4	5	6	7	8	9	10	_____	Hand Washing/Food Safety (M)
1	2	3	4	5	6	7	8	9	10	_____	Lean Meat and Beans (F)
1	2	3	4	5	6	7	8	9	10	_____	Limit Added Sugars (G)
1	2	3	4	5	6	7	8	9	10	_____	Fat Free and Low Fat Milk (A)
1	2	3	4	5	6	7	8	9	10	_____	MyPyramid- Healthy Eating Plan (H)
1	2	3	4	5	6	7	8	9	10	_____	Promote Healthy Weight (J)
1	2	3	4	5	6	7	8	9	10	_____	Sodium and Potassium (K)
1	2	3	4	5	6	7	8	9	10	_____	Whole Grains (L)

Please indicate the range of time spent teaching nutrition in a single session.

Estimated Duration	
<i>Shortest:</i>	minutes
<i>Longest:</i>	minutes

Signature: _____ Date: _____

Turn Teacher Time in by October 13th and earn a Nutrition Education Tool (NET)!