

# Arizona Nutrition Network

*Phoenix District Teacher Time Form  
April 2009*



Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ Number of Students: \_\_\_\_\_

|        |             |               |  |
|--------|-------------|---------------|--|
| Week 1 | April 1-3   | I spent _____ | hours this week preparing for or teaching nutrition. |
| Week 2 | April 6-10  | I spent _____ | hours this week preparing for or teaching nutrition. |
| Week 3 | April 13-17 | I spent _____ | hours this week preparing for or teaching nutrition. |
| Week 4 | April 20-24 | I spent _____ | hours this week preparing for or teaching nutrition. |
| Week 5 | April 27-30 | 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 May 4<sup>th</sup> and earn a Nutrition Education Tool (NET)!***