EFNEP Monthly Summary Sheet

Educator Name:	_ Today's Date:		
My updated list of families is attached. My updated list of volunteers is attached.		uccess Story is on page ess Stories are attached	
Outside Funding in the past month			
	County:	County:	County:
rant Dollars: (outside funding, not EFNEP)	\$	\$	\$
ontributions:		•	
Actual cash dollars contributed	\$	\$	\$
 Class Rooms: Total number of class series held in rooms at other agencies 	#: (class series)	#: (class series)	#: (class series)
 Child Care: Hours of child care contributed by agencies 	#: (Hours)	#: (Hours)	#: (Hours)
Transportation: number of participants who received rides	#: (Participants)	#: (Participants)	#: (Participants)
Food: approximate dollar value of food contributed to EFNEP classes	\$	\$	\$
ther contributions received	\$	\$	\$
Number of adult lessons taught by county (the	se are actual lessons	, not class series)	_ (county)
Number of Maternal & Infant Lessons	ons Number of Adult Make-Up Lessons		
Number of youth and teen lessons taught by county (these are actual lessons, not class series)			
(county)	(county)		(county)
Number of Youth Lessons Taught (All Counties)	Number of Teen Lessons Taught (All Counties)		

Success Stories A strong success story includes details! Fill in the details of success stories from participants and agency partners by using the 5 P's:

The Problem: this could be the participant's health or a behavior they want to change.
The Partners: who was involved? Agency partners? Family members?
The Program : quickly describe the program (9 week series, nutrition education classes, etc.).
The Program. quickly describe the program (5 week series, nath tion education classes, etc.).
The Participant : include details about the participant that are relevant to the story; do they have
children? Are they married? How old are they? Where are they from?
The ImPact: what difference did the program make in the participant's life? What behavior did they
change and how did it affect them and their family?