

Maine-ly Nutrition
Community School-wide Nutrition Event
School Year 2007-08 - Reporting Form

Please submit no later than **June 27, 2008**. Please share any additional event materials with us, if possible.

Send to: Alice Schlosser, Maine Nutrition Network
45 Commerce Drive, Suite 11
Augusta, Maine 04330

School Name: _____ District/Union#: _____

Contact person _____

Title of Event _____

1. Please give the number of participants in your Community School-wide Event.

_____ students _____ parents _____ teachers _____ administrators _____ community members

2. List the community agencies, businesses, and organizations that participated in your Event.

3. Describe media coverage for Event. Enclose copies of newspaper articles or advertising if possible.

4. Did you meet your original objectives for the Event? If not, why not, and did your objectives change?

5. Will this Event lead to any ongoing changes in your school/community/classroom? Please explain.

6. Will the Event planning committee continue to work on nutrition programs/initiatives? Please explain.

7. Please provide additional comments on the Event. _____
