

### Program Information for Indirect Contacts: FNP ONLY

Fill out this form for each classroom or group. Please see separate instruction sheet.



Impact of COVID-19: (if no impact leave blank)	<input type="checkbox"/> <b>New due to COVID-19.</b> Program activity reaching a new audience, new site as a direct result of COVID-19
	<input type="checkbox"/> <b>Postponed due to COVID-19.</b> Program started, paused due to COVID-19, and continued with the same participants
	<input type="checkbox"/> <b>Modified due to COVID-19.</b> Activity started/planned prior to COVID 19 and modified to continue via social distancing
	<input type="checkbox"/> <b>Not completed due to COVID-19.</b> Program activity was started but will not continue with this group prior to October 1

SITE	County (where site is located): _____	<b>Note:</b> Please refer to the current fiscal year's approved site list when completing this section
	Approved site name (see site list): _____	
	District (ONLY include if approved site is a school): _____	

CLASS DETAILS	List the date of this event (mm/dd/yy): _____
	Nutrition educator's name(s): _____
	Approved curriculum used: _____ <small>Please list full name of curriculum. Updated list of approved materials at <a href="http://extension.missouri.edu/fnep/approved.htm">http://extension.missouri.edu/fnep/approved.htm</a></small>
	Type of contact made (check ONE): _____ Health Fair      _____ Other type of indirect contact
	Teacher / Group leader name: _____

PARTICIPANTS	Total number of youth contacts for this event: _____
	Total number of adult contacts for this event: _____

Optional	For Regional use only:
	If the event was a multi-day display, please indicate the dates the display was on exhibit: _____

Data tracking: \_\_\_\_\_ Date received in region (optional)  
 \_\_\_\_\_ Date approved by region  
 \_\_\_\_\_ Date received on campus