

EFNEP Exit Form

Name: _____ Street: _____ _____ City: _____ Zip Code: _____ Phone Number: (____) _____	Today's Date: _____ Age: _____ Are You: <input type="checkbox"/> Female <input type="checkbox"/> Male If female, are you: Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No Breastfeeding? <input type="checkbox"/> Yes <input type="checkbox"/> No Email: _____
---	--

As a result of participating in EFNEP are you now receiving any of the following? (Check all that apply)

How has this program changed your life? What do you do differently?

- Free or reduced school lunch or breakfast
- Food Distribution Program on Indian Reservations
- Head Start
- Other _____
- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- Temporary Emergency Foods/Commodity Foods
- WIC

What is the most important thing(s) you learned while enrolled in EFNEP?

Are there any additional comments you would like to share?

Would you recommend this program to a friend or family member? (Check one)

- Yes No Unsure

For EFNEP Educator and Participant	
<i>If the Nutrition Education Assistant assists the participant with paperwork, please have the participant and Nutrition Education Assistant sign the acknowledgement below.</i>	
I acknowledge that I have given permission to _____, staff member for the Texas AgriLife Extension Service's Expanded Food and Nutrition Education Program, to provide me with assistance in completing the necessary forms for participation in the program.	
_____	_____
Participant Signature	Staff Member Signature

For EFNEP Educator's Use Only.			
NEA's Name:	Group Name:	Participant ID:	
Subgroups: <input type="checkbox"/> EFNEP <input type="checkbox"/> WIC <input type="checkbox"/> Sample <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	Lessons Taught and Date: (*Core Session) <input type="checkbox"/> *Healthy Food, Healthy Families _____ <input type="checkbox"/> *Foods that Pack a Punch _____ <input type="checkbox"/> *Making the Most of MyPlate _____ <input type="checkbox"/> *Power of Planning _____ <input type="checkbox"/> *Setting Your Limits _____ <input type="checkbox"/> *Plate it Safe _____ <input type="checkbox"/> *The Choice is Yours _____ <input type="checkbox"/> Mealtime Miracles _____ <input type="checkbox"/> Optional _____ <input type="checkbox"/> Optional _____ <input type="checkbox"/> Optional _____ Other: _____	# Group Lessons:	
		# Individual Lessons:	
		# Other:	
		Total Lessons Taught: <small>Total group and individual</small>	
		Total Sessions (Visits):	
		Total Hours:	
		Exit Reason: <input type="checkbox"/> Graduated <input type="checkbox"/> Returned to School <input type="checkbox"/> Took a job <input type="checkbox"/> Family Concerns <input type="checkbox"/> Staff Vacancy <input type="checkbox"/> Moved <input type="checkbox"/> Lost Interest <input type="checkbox"/> Other Obligations <input type="checkbox"/> Lost Contact <input type="checkbox"/> Other:	

Expanded Food and Nutrition Education Program Funded by the USDA-NIFA



Educational programs of the Texas A&M AgriLife Extension Service are open to all people without regard to race, color, sex, religion, national origin, age, disability, genetic information or veteran status