

Washington State Snap-Ed Curriculum Fidelity for Continuous Improvement

Lesson Assessment Tool for — Food Smarts Workshop: Adult 4 week, 60 minutes—*Week 4 – Energy and Exercise*

☐ Educator Self-Assessment ☐ Supervisor Assessment ☐ Fidelity Team Assessment

Educator(s) Name (s): _____ Sub-Contractor: _____

Region: _____ County: _____ Date of Lesson: _____

Start Time: _____ End Time: _____

Program Setting (classroom/grade, food bank, clinic etc.): _____

Your review about this session is important. Your description of how the lesson was taught, in relation to the written curriculum, will help us strengthen our program. Please consider each part of the lesson below and indicate if you presented it using yes or no in the space provided. If no, details about why and how you adapted the lesson are important to continuous program improvement. Please complete the assessment tool by the end of the next working

	Completed as Written Yes or No		If adaptations were made or activity was not done, please describe what was changed and why. <i>Please be as specific as possible.</i>
Welcome and SMART Goal Check-in	Yes	No	Comments and/or Changes
<ul style="list-style-type: none"> Welcome participants. SMART goal check-in, record on Goal Tracker found on Workbook p. 11. 			
Time Goal: 5 minutes			
Topic 1 ***Pick one of the following***			
Outcomes: <ul style="list-style-type: none"> Students apply knowledge about nutrition to create energy filled breakfast and lunch meals. Students examine their own energy levels and nutrition habits. Students suggest changes for clients in Healthy Changes 			
Option 1: Healthy Changes	Yes	No	Comments and/or Changes
Break the class into groups of two or three.			
Have each group read the case studies on workbook p. 80 and make suggestions using the questions provided.			
Bring the class back together and discuss each group's suggestions.			
Discussion Questions: <ul style="list-style-type: none"> Did you identify with any of the people in the case studies? What changes might you make to your diet based on this activity? Which aspects of your meal routine do you want to keep? 			

	Completed as Written <i>Yes or No</i>		If adaptations were made or activity was not done, please describe what was changed and why. <i>Please be as specific as possible.</i>
Option 2: Healthy Swaps	Yes	No	Comments and/or Changes
<ul style="list-style-type: none"> Ask, true or false: Healthy foods always cost more money than unhealthy foods? Have a facilitated discussion using workbook p. 54 			
Option 3: Fuel Your Brain	Yes	No	Comments and/or Changes
<ul style="list-style-type: none"> Ask, how can eating whole foods help your brain? Have a facilitated discussion using workbook p. 78. 			
Time Goal: 10 minutes			
Topic 2 ***Pick one of the following***			
<p>Outcomes:</p> <ul style="list-style-type: none"> Students explain why exercise is part of a healthy life. Students identify ways to increase their amount of exercise. Students identify ways to become more rested. 			
Option 1: Making Moving Fun	Yes	No	Comments and/or Changes
<p>Use workbook p. 79, have a facilitated discussion.</p> <ul style="list-style-type: none"> Have participants examine the role of exercise in their lives and create strategies for increasing their activity levels if they are too low. Begin with the objections and go from there. Give a lot of options for ways to increase activity, based on your students' lifestyles. Make sure to discuss the correlation between activity level and obesity as well as amount of hours in front of the TV. 			
<p>Discussion Questions:</p> <ul style="list-style-type: none"> What do you find to be the most challenging aspects of increasing your physical activity level? Your child's physical activity level? What are your biggest concerns about you and your children's physical activity level? In what ways do you notice that your activity level affects how you feel during the day? How your children act during the day? How many hours a week do you spend time exercising or being active? Do you participate in any organized physical activities, by yourself or in groups? How many hours a week do your children spend playing outside, exercising, 			

	Completed as Written <i>Yes or No</i>		If adaptations were made or activity was not done, please describe what was changed and why. <i>Please be as specific as possible.</i>
participating in organized sports, or being active? • How many hours a day do you and your children spend watching TV?			
Follow-up Discussion Questions (to be used with returning groups of students): • In addition to considering the discussion questions from the original activity, invite students to consider how their exercise habits have changed since the last workshop. • Have your exercise habits changed over the past year? Have your attitudes toward exercise changed? • Do you find you exercise more or less frequently depending on the time of year? Is this because of the weather, your schedule, or other reasons? • What are some challenges you faced in incorporating exercise into your routine? • If you were successful in incorporating exercise into your routine, what did you do? Did you notice any benefits, such as increased energy or a better mood?			
Option 2: Sleep Your Way to Health	Yes	No	Comments and/or Changes
Have students read the list at the top of workbook p. 81. • Ask, does anyone see themselves in the descriptions?			
Have students fill in the blanks individually, in pairs, or as a whole group.			
Discussion Questions: • Do you get enough sleep? Why or why not? • What happens to your body when you don't get enough sleep? • Many people are sleep deprived due to kids, work schedule, health problems, etc. But others just don't let themselves sleep enough. Why do you think this happens? • What change could you make to improve your sleep?			
Time Goal: 10 minutes			
Recipe Demonstration or Activity	Yes	No	Comments and/or Changes
Conduct food demonstration or activity using lesson appropriate recipe. <i>*Record recipe used in comment section.</i>			
Time Goal: 30 minutes			

