



**Network for a Healthy California—LAUSD
2009-2010 WEEKLY INDIVIDUAL TIME LOG
Reporting Period 4 - July 1 to August 20, 2010**

(Due to your Lead Teacher by the established due date)

Name:	Employee #:
Title:	School:
Grade:	Location Code:

This is a legal document, please complete all information legibly in INK!

Instructions:

1. Complete the top section.
2. Allowable Nutrition Education Categories: Write the number of hours in the box for the appropriate week corresponding with the appropriate category (**check the reverse side for allowable activities**).
3. Record time in 15 minute increments, using decimals to record partial hour increments .25 = 15 mins., .50 = 30 mins., .75 = 45 mins. Time must be recorded on a weekly basis for all months in the quarter. At the end of each period, total each column in the "TOTAL ACTIVITY HOURS" boxes on the right. Add up the "TOTAL ACTIVITY HOURS" for each category and enter this amount into the space marked "TOTAL QUARTERLY HOURS LOGGED."
- 4 **Sign and date the time log and give it to your Lead Teacher for review. Please do not write in the shaded areas**

	JULY					AUGUST					TOTAL ACTIVITY HOURS
	<i>Week</i>					<i>Week</i>					
	1st	2nd	3rd	4th	5th	1st	2nd	3rd	4th	5th	
SEE REVERSE SIDE FOR ALLOWABLE ACTIVITIES AND EXPLANATIONS	1-2	5-9	12-16	19-23	26-30	2-6	9-13	16-20			
1 Student Nutrition Education in a Classroom Setting, including the portion of PE classes incorporating nutrition education											
2 Student Nutrition Education Outside the Classroom Setting											
3 Parent Nutrition Education in Classroom, Group, or Individual Settings											
4 Nutrition Education at Special Events for Students and Parents											
5 School Wide Nutrition Promotion Activities											
6 Staff Training/Professional Development											
Total Weekly Hours											

Note: Sign and date time log only after completing total quarterly hours Total Quarterly Hours Logged →

Date: _____ Participant's Signature: _____
Your signature verifies that you have accurately and completely filled out this Weekly Individual Time Log.

Date: _____ Lead Teacher's Signature: _____
Your signature verifies that you have reviewed this document, and that it was completed correctly.