



NAP SACC PROGRAM MONITORING GUIDE

Facility Name: _____

Date: _____

1. Self-Assessment Completed

Date Distributed: _____

Date Completed: _____

2. Action Plan Developed

Date Completed: _____

3 key areas for improvement chosen

Key Area 1: _____

Key Area 2: _____

Key Area 3: _____

3. Workshops Completed On These Dates:

Childhood Obesity Workshop: _____

Healthy Eating Workshop: _____

Physical Activity Workshop: _____

Personal Health Workshop: _____

Working with Families: _____

4. Technical Assistance Follow-up:

1. Date Completed: _____

In-Person

Email

Telephone

2. Date Completed: _____

- In-Person
- Email
- Telephone

3. Date Completed: _____

- In-Person
- Email
- Telephone

4. Date Completed: _____

- In-Person
- Email
- Telephone

5. Date Completed: _____

- In-Person
- Email
- Telephone

6. Date Completed: _____

- In-Person
- Email
- Telephone

5. Re-evaluation

Date Completed: _____

Interested in continuing: _____

Notes and General Comments: