



## Learn, Grow, Eat & GO! Teacher Match Log

Record of teacher activities for Learn, Grow, Eat & Go! - Better Living for Texans (LGEG/BLT)

Your time as a teacher is very valuable for the LGEG/BLT project. By reporting the number of hours you spend with LGEG/BLT activities, you enable Texas A&M AgriLife Extension Service to provide continued support for the project, your school, and your organization. This record of activity will help us determine how much time is put into the project. By completing this record on a quarterly basis, we will be able to document and verify the efforts that are being made by (you) our partners and teachers. This will help us both with funding the project and evaluating its impact.

**DIRECTIONS:** Complete a separate match log for each teacher or person contributing time to the project.

Please complete the section below which includes the hours you dedicated to LGEG activities (prepping and teaching). Be sure to write in the year and identify the quarter – months the curriculum was taught. When calculating the amount of time for each session/activity, round up to the nearest ½ hour (i.e., 15 minutes equals 30 reported minutes). The activities log on page 2 may be helpful for you to more accurately track your time spent on the project. Please return this form to your local County Extension Office/Agent when all required signatures are attached. The form is fillable and electronic signatures accepted.

If you have questions about the project or completing this form, please call your County Extension Agent.

Teacher's Name (please print): \_\_\_\_\_ Title: \_\_\_\_\_

School/Site: \_\_\_\_\_ Grade(s): \_\_\_\_\_ # of Children: \_\_\_\_\_

**I certify that the hours listed on this form are true to the best of my knowledge.**

**Total Hours:** \_\_\_\_\_ **Year:** \_\_\_\_\_

**Quarter (Check the box for the quarter/months LGEG is taught):**

<b>1<sup>st</sup> Quarter – October/November/December</b>	<b>3<sup>rd</sup> Quarter – April/May/June</b>
<b>2<sup>nd</sup> Quarter – January/February/March</b>	<b>4<sup>th</sup> Quarter – July/August/September</b>

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Official/Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**County Extension Agent Signature:** \_\_\_\_\_

District: \_\_\_\_\_ County: \_\_\_\_\_

