

LGEG Planning Meeting Check-Off Worksheet

Date of Meeting: _____

School Campus: _____

Primary Contact: _____

Total Available Funds: _____

Total # of Students: _____

Participating Teachers: _____

LGEG Program Implementation:

of Garden Beds: _____

Size of Garden Beds: (circle one) 4x4 or 7x3

Building Date: _____

Planting Date: _____

If Applicable: Cooking Demo Dates:

*Note: Select date and time.

Week 1: _____

Week 2: _____

Week 3: _____

Week 4: _____

Week 5: _____

Week 6: _____

Week 7: _____

Week 8: _____

Week 9: _____

Week 10: _____

Garden Setup/Seeds:

Fall Sample Garden

Carrots	Spinach	Leaf Lettuce	Broccoli	Cauliflower	Swiss Chard	Kids Choice
16	9	4	1	1	4	

HST School Recognition Criteria:

Physical Activity	Program Date
Adult WAT:	
Youth WAT:	
Coach WAT Training:	
WAT Rally:	Time: _____

Adult Nutrition Program

(Select 1 or More)

Program	Program Date
Maintain No Gain Holiday Program	
Cooking Well with Diabetes	
Mobile Cooking School	
Dinner Tonight Cooking School	
Step Up, Scale Down	
Health Talk Express Series	

Youth Nutrition Program

(Select 2 or more)

Program	Program Date
Learn, Grow, Eat & Go	
Balancing Food & Play	
Dinner Tonight Jr.	
Dinner Tonight Jr. Training Date	
Choose Health, Food, Fun & Fitness	
Path to the Plate Youth Expo	
Path to the Plate Training Date	

