

Clinic Number: _____ Intervention Month: I M _____ Cohort: _____

II. Complete for group session that majority of children listed on page 1 attended.

A. Group Activities (Check all that apply.)

	Adult Session	Child Session
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1. Nutrition topic	()	()
2. Behavior topic	()	()
3. Problem solving discussion	()	()
4. GO/MHOA checklist	()	()
5. Other food record collection	()	()
6. Role play/skit	()	()
7. Any activity using recipes	()	()
8. DISC store	()	()
9. Party/picnic	()	()
10. Field trip	()	()
11. Games	()	()
12. Preparation or presentation of DISC family fair	()	()
13. Work on Newsletter	()	()

B. Main topic of session:

- 1. Adult: _____
- 2. Child: _____

C. Food Served (Check all that apply.)

- 1. Meal ()
- 2. Snack ()
- 3. Other ()

D. 1. Date of session: _____ Month _____ Day _____ Year _____

2. Time started: _____ (24 hr clock)

3. Time stopped: _____ (24 hr clock)

4. Staff present (Certification Number):

- a. Child Group Leader: _____
- b. Adult Group Leader: _____
- c. Family Group Leader: _____
- d. Others: (1): _____
- (2): _____
- (3): _____
- (4): _____
- (5): _____
- (6): _____