

## Module 5, Lesson 4: Moovve to Lowfat or Fat Free Milk

This report reflects classes taught between: \_\_\_/\_\_\_ and \_\_\_/\_\_\_ . [month/year]

1. How many times did you teach this lesson? \_\_\_\_\_
2. At how many different meal sites did you teach this lesson? \_\_\_\_\_
3. How many different clients participated in this lesson? \_\_\_\_\_

**The following information is from the completed Evaluation forms for this lesson.**

4. Number of clients with a completed Evaluation form: \_\_\_\_\_
5. Number of clients who indicated that they learned either “some” or “a lot:” (See Ques. 1 on Evaluation.) \_\_\_\_\_
6. Number of clients who indicated that they planned to make any changes: (See Ques. 2 on Evaluation.) \_\_\_\_\_
7. Number who planned to: (See Ques. 3 on Evaluation.)
  - Moovve from whole milk to 2% milk or 1% milk \_\_\_\_\_
  - Moovve from 2% milk to 1% milk or fat free milk \_\_\_\_\_
  - Try lactose-reduced milk \_\_\_\_\_
  - do something else: \_\_\_\_\_
  - share information: \_\_\_\_\_

If participants wrote in comments about the program, please include these on the back of this form. Thanks so much for providing the ENAFS project with the results of your evaluation. We hope this information will be useful to you locally as well. Please provide the following information:

Name: \_\_\_\_\_ County: \_\_\_\_\_  
 Title: \_\_\_\_\_ Tel: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Questions? Call Dr. Linda Bobroff, ENAFS Project Director at (352) 392-1895.

Please mail this completed form to: Dr. Linda Bobroff  
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 3038 McCarty Hall  
 Gainesville, FL 32611-0310

It may be faxed: (352) 392-8196