



FY15 LOCAL AGENCY NUTRITION EDUCATION PLAN EVALUATION

Agency name:

Person completing this form:

Date:

Planning Period: January 1, 2015 to September 30, 2015

Instructions: Please complete the evaluation form at the end of the FY15 plan implementation for your agency. Submit this report electronically to your Nutrition Consultant by **October 30, 2015**. For guidance on completing the Evaluation please refer to page 9 of the FY15 Colorado WIC Local Agency Nutrition Education Plan [Workbook](#).

Colorado WIC Program- FY15 LA Nutrition Education Plan Evaluation



FY15 Nutrition Education Plan Evaluation

Project Area:

Objective A	Key Activities	Actual Completion Date	Responsible Persons/Group	*Did you accomplish your objective? (see criteria for success)	Did implementation of your key activities go as expected? (see tracking results)
Objective B	Key Activities	Actual Completion Date	Responsible Persons/Group	*Did you accomplish your objective? (see criteria for success)	Did implementation of your key activities go as expected? (see tracking results)

*Briefly discuss the extent to which you implemented the activities outlined in your FY15 plan as you had intended to. Describe any significant barriers encountered and resulting changes made to the plan. (Use the information gathered in your Monitoring Plans to back up your conclusions). Did you accomplish your FY15 objectives? (Use your Criteria for Success and As Measured By sections of your FY15 NEP to back up your conclusions).

Colorado WIC Program- FY15 LA Nutrition Education Plan Evaluation



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