

(You are welcome to complete, save and attach to an e-mail addressed to kstover@ksu.edu).

2009-2010 NUTRITION EDUCATION PROGRAM REQUEST

To schedule programs, list *the preferred week and an alternate week* of when you would like the program *in the corresponding boxes for that program*. For example, if you would like to schedule Body Battles during the week of October 5, 2009, list October 5 in the **1st Choice box** for Body Battles. List an alternate date in the **2nd Choice box**. Classroom programs are scheduled on a first come first-served basis. Kendra will call or e-mail you to confirm dates and times for lessons and/or checkout kits.

Program (Programs are <i>Free of Charge.</i>)	1 st Choice Week of:	2 nd Choice Week of:
1. What's THAT on my Plate? – Kindergarten		
2. Healthy Eating with MyPyramid-The Milk Group –K-1		
3. My Pyramid for Kids – Grades 1-2		
4. Body Battles – Grades 2-3		
5. Food for Thought-Healthful Eating –Grades 3-4		
6. Kids-a-Cookin' and Movin' – Grade 4 (limited to 10 classrooms)		
7. Eat Smart Be Smart –Grades 5-6		
<i>Title of Check-Out Kit Requested:</i>		
Check-Out Kit		
Check-Out Kit		
Check-Out Kit		

Please return by October 1 to: Shawnee County Extension Office
 1740 SW Western Avenue, Topeka, KS 66604-3095
 (785)232-0062 – Kendra: Ext. 114
 Email at: kstover@ksu.edu
 Access online: <http://www.shawnee.ksu.edu>

 Teacher's Full Name _____ Grade _____
 School _____ Phone/email _____
 School Address _____ City _____ Zip _____

The following information is required by Extension Civil Rights Reports and is submitted in support of my request for Cooperative Extension Service education material. If you do not have final enrollment numbers, estimate as closely as possible. We will update you enrollment when we teach your first program.

Total number of Students in the classroom _____

Class Enrollment by Race	Girls	Boys	TOTAL
White			
Black			
Hispanic			
American Indian/Alaskan Native			
Asian/Pacific Islander			
TOTAL			