

4-H Growing Connection

Evaluation Summary

2004

**Please mail completed documents by
September 15, 2004 to:**
 UVM Extension
 4-H Growing Connections
 617 Comstock Rd; Suite 5; Berlin, VT 05602
 (802) 223-2389 x25 (phone)
 (802) 223-6500 (fax)
 www.uvm.edu/extension/growingconnections/

Name: _____

Name of Organization: _____

Address: _____

Town/State/Zip: _____

Phone: _____ Email: _____

What type of organization/group? Youth Organization School 4-H Camp
 After school program Free Summer Lunch site Other: _____

Where did the program take place? _____

Dates of program delivery: _____

Names of program leaders and volunteers: _____

How many adult volunteers?			How many youth volunteers?		
	Males	Females		Males	Females
Direct (contact w/kids)			Direct (contact w/kids)		
Indirect (no contact)			Indirect (no contact)		
Middle manager (lead others)			Middle manager (lead others)		

- How many of the above volunteers are Master Gardeners? _____
- How many volunteers are AmeriCorps or AmeriCorps*Vista volunteers? _____
- Total # of hours you and other staff/volunteers spent on this project _____

1. STATISTICAL INFORMATION

_____ Total # of youth served throughout the entire length of the program.

_____ % of total # of youth that meet one of the eligibility indicators for food-stamp nutrition education services (see attached form of indicators).

_____ Total # of youth attending 6 or more hours of activities.

_____ Total # of lessons delivered at this site location.

STATISTICAL INFORMATION continued

_____ Total # of Green Scene Newsletters distributed.

_____ Total # of 4-H Growing Connections Journals distributed.

_____ Total # of pounds of produce from the garden and or/canned goods donated to a local food shelf, an emergency food site, or a neighbor in need of food.

Where do the participants live?	Farm	Rural	Town 10K - 50K	Suburb	City 50K+
Enter Totals here:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please check off the sections of the curriculum that your group used:

- | | |
|---|--|
| <input type="checkbox"/> Container Gardening | <input type="checkbox"/> Food Preservation Lessons |
| <input type="checkbox"/> Square Food Gardening | <input type="checkbox"/> Group Building Activities |
| <input type="checkbox"/> Nutrition Lessons | <input type="checkbox"/> Recipes |
| <input type="checkbox"/> Food Safety Lessons | <input type="checkbox"/> Appendix |
| <input type="checkbox"/> Hunger / Food Security Lessons | <input type="checkbox"/> Website |

Please check off the vegetables and fruits that were the primary food items that you introduced to participants during your program:

- | | | |
|--|--|--|
| <input type="checkbox"/> Cherry tomato | <input type="checkbox"/> Cauliflower | <input type="checkbox"/> Radish |
| <input type="checkbox"/> Tomato | <input type="checkbox"/> Corn | <input type="checkbox"/> Spinach |
| <input type="checkbox"/> Beets | <input type="checkbox"/> Cucumber | <input type="checkbox"/> Rainbow Swiss Chard |
| <input type="checkbox"/> Carrots | <input type="checkbox"/> Summer Squash | <input type="checkbox"/> Watermelon |
| <input type="checkbox"/> Pepper | <input type="checkbox"/> Cabbage | <input type="checkbox"/> Blueberries |
| <input type="checkbox"/> Beans | <input type="checkbox"/> Zucchini | <input type="checkbox"/> Cantaloupe Melon |
| <input type="checkbox"/> Kale | <input type="checkbox"/> Peas | <input type="checkbox"/> Apples |
| <input type="checkbox"/> Broccoli | <input type="checkbox"/> Lettuce | <input type="checkbox"/> Strawberries |

2. CIVIL RIGHTS GROUP ENROLLMENT DATA

In order to comply with civil rights laws, all UVM Extension youth programs must record the following data on racial-ethnic distribution.

Please estimate the ethnic and racial distribution of the participants.

Youth Participants	
Ethnicity:	Total:
Hispanic	
Non-Hispanic	

Youth Participants		
Race:	Hispanic	Non-Hispanic
White		
Black		
American Native		
Asian		
Hawaiian/Pac.Island		
White & Black		
Black and Am. Native		
White & Asian		
Other/Mixed (specify)		

Race:
The totals for the race categories **MUST** add up to the number reported for ethnicity.

Please estimate the ethnic and racial distribution of the volunteers.

Adult Volunteers		Youth Volunteers	
Ethnicity:	Total:	Ethnicity:	Total:
Hispanic		Hispanic	
Non-Hispanic		Non-Hispanic	

Adult Volunteers			Youth Volunteers		
Race:	Hispanic	Non-Hispanic	Race:	Hispanic	Non-Hispanic
White			White		
Black			Black		
American Native			American Native		
Asian			Asian		
Hawaiian/Pac.Island			Hawaiian/Pac.Island		
White & Black			White & Black		
Black and Am. Native			Black and Am. Native		
White & Asian			White & Asian		
Other/Mixed (specify)			Other/Mixed (specify)		

3. QUOTES

Throughout the program and/or on the last day of the program ask students to share one thing that they learned by participating in 4-H Growing Connections. It is recommended that during the closing circle, one adult asks students the question while another adult records what they say along with their first name and age. This information will be used to evaluate the program using qualitative information.

Examples:

"Try it before you say you don't like it." Chris, 7

"I learned to wash my hands the right way and why it's important to wash your hands." Ann, 12

4. OBSERVATIONS

A) What did you observe that told you what the youth were learning and understanding about the subject matter (i.e. gardening, nutrition, food safety, food security, and food preservation)?

B) What observations did you make in regards to changed behavior in the areas of thinking/communication, cooperation, leadership, and making healthy food choices?

5. SUCCESS STORIES

Do you have any success stories that illustrate the impact this program had for a student or group of students that you worked with?

6. PROGRAM LEADERS

Please comment on ways that you and other program leaders/volunteers have personally gained from this experience.

Statement of Eligibility for Vermont Food Stamp Nutrition Education Services

This agency/program has evidence that _____ % of youth participating in *4-H Growing Connections* qualify for Food Stamp Nutrition Education services because they fit at least one of the following criteria. I understand that the information on this form is confidential and will only be used by nutrition education program managers to document that nutrition education services are provided to eligible persons. Please check off the eligibility indicators applicable to your group:

- takes part in program for low income youth
- lives near a school where the majority of students qualify for free or reduced price meals
- uses a summer activity program offering the Summer Food Service Program for low income kids
- is a food stamp recipient or applicant
- is homeless or transitionally housed
- lives in a low income neighborhood
- has many neighbors who get food stamps
- lives in subsidized housing or mobile home park
- is a food shelf or community kitchen customer
- seeks food or other emergency financial aid
- is a Commodity Supplemental Food recipient
- is a child in Headstart
- lives near a Vermont Patch office
- takes part in Vermont Reach Up program
- is part of a family that gets a VT Earned Income Tax Credit
- is a case management client whose financial situation puts them at risk nutritionally
- Other: (please explain)
