AzNN Semi-Annual Narrative Report

**Contractor Name:** Click here to enter text.

**County:** Choose an item.

**Name of Person Completing Report**: Click here to enter text.

**Select from Dropdown:** Choose an item.

**Instructions:** For each of the following Focus Areas, please answer the questions succinctly. *If you do not work in a Focus Area, check the box next to “N/A”.*

# Food Systems

**N/A**

1. What do you see as your program’s ***major strengths*** in Food Systems ***this*** reporting period?

Click here to enter text.

1. What do you see as your program’s ***areas of improvement*** in Food Systems ***this*** reporting period?

Click here to enter text.

1. What do you see as your programs ***opportunities*** in Food Systems for the ***next*** reporting period? (Please note if assistance is requested from AzNN staff)

Click here to enter text.

1. What do you see as ***potential threats*** to your Food Systems programming in the ***next*** reporting period? (Please note if assistance is requested from AzNN staff)

Click here to enter text.

# Active Living

**N/A**

1. What do you see as your program’s ***major strengths*** in Active Living ***this*** reporting period?

Click here to enter text.

1. What do you see as your program’s ***areas of improvement*** in Active Living ***this*** reporting period?

Click here to enter text.

1. What do you see as your programs ***opportunities*** in Active Living for the ***next*** reporting period? (Please note if assistance is requested from AzNN staff)

Click here to enter text.

1. What do you see as ***potential threats*** to your Active Living programming in the ***next*** reporting period? (Please note if assistance is requested from AzNN staff)

Click here to enter text.

# School Health

**N/A**

1. What do you see as your program’s ***major strengths*** in School Health ***this*** reporting period?

Click here to enter text.

1. What do you see as your program’s ***areas of improvement*** in School Health ***this*** reporting period?

Click here to enter text.

1. What do you see as your programs ***opportunities*** in School Health for the ***next*** reporting period? (Please note if assistance is requested from AzNN staff)

Click here to enter text.

1. What do you see as ***potential threats*** to your School Health programming in the ***next*** reporting period? (Please note if assistance is requested from AzNN staff)

Click here to enter text.

# Early Childhood

**N/A**

1. What do you see as your program’s ***major strengths*** in Early Childhood ***this*** reporting period?

Click here to enter text.

1. What do you see as your program’s ***areas of improvement*** in Early Childhood ***this*** reporting period?

Click here to enter text.

1. What do you see as your programs ***opportunities*** in Early Childhood for the ***next*** reporting period? (Please note if assistance is requested from AzNN staff)

Click here to enter text.

1. What do you see as ***potential threats*** to your Early Childhood programming in the ***next*** reporting period? (Please note if assistance is requested from AzNN staff)

Click here to enter text.

# Direct Education

1. What do you see as your program’s ***major strengths*** in Direct Education ***this*** reporting period?

Click here to enter text.

1. What do you see as your program’s ***areas of improvement*** in Direct Education ***this*** reporting period?

Click here to enter text.

1. What do you see as your programs ***opportunities*** in Direct Education for the ***next*** reporting period? (Please note if assistance is requested from AzNN staff)

Click here to enter text.

1. What do you see as ***potential threats*** to your Direct Education programming in the ***next*** reporting period? (Please note if assistance is requested from AzNN staff)

Click here to enter text.