AZ Health Zone Semi-Annual Narrative Report

**County Name:**

**Name of Person Completing Report**:

**Reporting Period**:

**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”.*

\*New: The added section will have you write about multi-level interventions happening in a community. Please add this section to your mid-year SARN.\*

**Food Systems**

**□ N/A**

1. What do you see as your program’s ***major strengths*** in Food Systems?
2. What do you see as your program’s ***areas for improvement*** in Food Systems?
3. What do you see as your programs ***opportunities*** in Food Systems for the ***next*** reporting period? (Please note if assistance is requested from AZ Health Zone SIT or SET staff)
4. What do you see as ***potential threats*** to your Food Systems programming in the ***next*** reporting period? (Please note if assistance is requested from AZ Health Zone SIT or SET staff)
5. Please describe any internal evaluations planned and/or conducted using your own evaluation tools or the AZ Health Zone’s evaluation tools. (Please note that internal evaluations using AZ Health Zone’s evaluation tools require prior approval)

**Active Living**

**□ N/A**

1. What do you see as your program’s ***major strengths*** in Active Living?
2. What do you see as your program’s ***areas for improvement*** in Active Living?
3. What do you see as your programs ***opportunities*** in Active Living for the ***next*** reporting period? (Please note if assistance is requested from AZ Health Zone SIT or SET staff)
4. What do you see as ***potential threats*** to your Active Living programming in the ***next*** reporting period? (Please note if assistance is requested from AZ Health Zone SIT or SET staff)
5. Please describe any internal evaluations planned and/or conducted using your own evaluation tools or the AZ Health Zone’s evaluation tools. (Please note that internal evaluations using AZ Health Zone’s evaluation tools require prior approval)

**School Health**

* **N/A**
	1. What do you see as your program’s ***major strengths*** in School Health?
	2. What do you see as your program’s ***areas for improvement*** in School Health?
	3. What do you see as your programs ***opportunities*** in School Health for the ***next*** reporting period? (Please note if assistance is requested from AZ Health Zone SIT or SET staff)
	4. What do you see as ***potential threats*** to your School Health programming in the ***next*** reporting period? (Please note if assistance is requested from AZ Health Zone SIT or SET staff)
	5. Please describe any internal evaluations planned and/or conducted using your own evaluation tools or the AZ Health Zone’s evaluation tools. (Please note that internal evaluations using AZ Health Zone’s evaluation tools require prior approval)

**Early Childhood**

* **N/A**
	1. What do you see as your program’s ***major strengths*** in Early Childhood?
	2. What do you see as your program’s ***areas for improvement*** in Early Childhood?
	3. What do you see as your programs ***opportunities*** in Early Childhood for the ***next*** reporting period? (Please note if assistance is requested from AZ Health Zone SIT or SET staff)
	4. What do you see as ***potential threats*** to your Early Childhood programming in the ***next***

reporting period? (Please note if assistance is requested from AZ Health Zone SIT or SET staff)

* 1. Please describe any internal evaluations planned and/or conducted using your own evaluation tools or the AZ Health Zone’s evaluation tools. (Please note that internal evaluations using AZ Health Zone’s evaluation tools require prior approval)

**Direct Education**

1. What do you see as your program’s ***major strengths*** in Direct Education?
2. What do you see as your program’s ***areas for improvement*** in Direct Education?
3. What do you see as your programs ***opportunities*** in Direct Education for the ***next*** reporting period? (Please note if assistance is requested from AZ Health Zone SIT or SET staff)
4. What do you see as ***potential threats*** to your Direct Education programming in the ***next*** reporting period? (Please note if assistance is requested from AZ Health Zone SIT or SET staff)
5. Please describe any internal evaluations planned and/or conducted using your own evaluation tools or the AZ Health Zone’s evaluation tools. (Please note that internal evaluations using AZ Health Zone’s evaluation tools require prior approval)

**Multi-Level Intervention in a Community**

Report Once a Year on Mid-Year report

1. Please select one community to describe your multi-level intervention across focus areas and strategies.
2. Describe the following
	1. What changes/growth did you see?
	2. What collaborations were formed?
	3. What was the specific role played by your SNAP-Ed agency?
	4. What was something you had planned for tried in the community that did not have the intended outcome? (Barriers and Challenges)