AZ Health Zone Semi-Annual Narrative Report

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

**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.
2. What do you see as your program’s ***areas for improvement*** in Food Systems ***this*** reporting period?Click here to enter text.
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)

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 AZ Health Zone SIT or SET staff)

Click here to enter text.

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)

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..
2. What do you see as your program’s ***areas for improvement*** in Active Living ***this*** reporting period? Click here to enter text.
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)

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 AZ Health Zone SIT or SET staff)

Click here to enter text..

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)

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.
	2. What do you see as your program’s ***areas for improvement*** in School Health ***this*** reporting period?
	3. Click here to enter text. 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)

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 AZ Health Zone SIT or SET staff)
	2. Click here to enter text.
	3. 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)

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.
	2. What do you see as your program’s ***areas for 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 AZ Health Zone SIT or SET 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 AZ Health Zone SIT or SET staff) Click here to enter text.

* 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)

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.
2. What do you see as your program’s ***areas for 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 AZ Health Zone SIT or SET 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 AZ Health Zone SIT or SET staff) Click here to enter text.

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)

Click here to enter text.