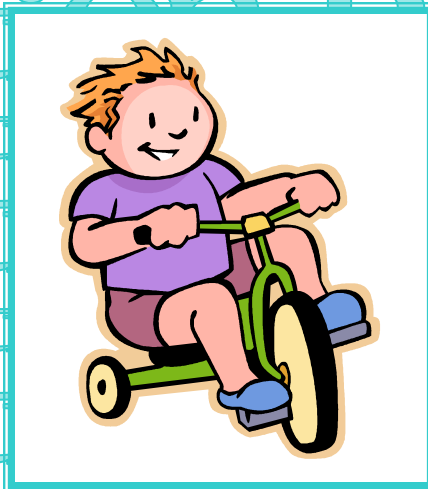


Get Movin'  
Lesson 2



Activity: Physical activity

### 1) Materials:

- Any equipment needed for the physical activity the children decided on during the previous capsule
- Gym or outdoor space for the children to play in

### 3) Activity:

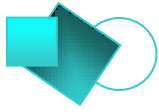
Play the game/activity the children decided on during the previous capsule (or if applicable the one you chose) in the gym or an outdoor space.

### 2) Introduction to lesson:

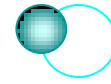
- Introduce yourself and any helpers to child(ren) if they do not already know you
- Tell the children today they will participate in a physical activity (name the activity)
- Review from previous capsules: Ask the children how much physical activity they should get and how often (A: 60 min. most days of the week)
- Tell the children the rules of the game prior to moving them to the gym or outdoor space
- If applicable determine teams prior to leaving the classroom as well

### 4) Wrap-Up

- Thank the child(ren) for participating
- Fill out the capsule evaluation/report form and send to the state office



# Evaluation & Report Form



Capsule 22  
Get Moving!

**Chapter:** \_\_\_\_\_ **Report Filled Out By:** \_\_\_\_\_

**Type of site:** \_\_\_\_\_

**Target Group:** (Nutrition Buddies Projects must focus on eligible nutrition education activities provided in schools or groups with **50% or higher** number of students receiving free national school lunch)

\_\_\_\_\_ Entire School

\_\_\_\_\_ Church group

\_\_\_\_\_ Specific grade level (what grade)

\_\_\_\_\_ Community partner \_\_\_\_\_

\_\_\_\_\_ After school group

\_\_\_\_\_ One on One Mentorship

\_\_\_\_\_ Other: \_\_\_\_\_

## Audience:

### New Nutrition Buddies

*(If unknown include all Buddies as new)*

Number in age group

Birth to 5 \_\_\_\_\_ 6 to 10 \_\_\_\_\_

11 to 14 \_\_\_\_\_ 15 to 18 \_\_\_\_\_ **Totals=** \_\_\_\_\_

### Returning Nutrition Buddies

*(If unknown include all Buddies as new)*

Number in Age Group

Birth to 5 \_\_\_\_\_ 6 to 10 \_\_\_\_\_

11 to 14 \_\_\_\_\_ 15 to 18 \_\_\_\_\_ **Totals=** \_\_\_\_\_

\_\_\_\_\_ Total number of youth that participated

\_\_\_\_\_ Percentage of youth who receive reduced or free lunches (must be at least 50%)

\_\_\_\_\_ Family Audience Taught (if applicable)

**Describe evidence of learning you witnessed in the child(ren) from the beginning of the capsule session to the completion of the capsule** (Ex. They listed 4 foods in the group at the beginning but learned 6 more foods while completing the worksheet)

**Based on your observations rank the child(ren)'s level of knowledge (0-10) on this topic at the beginning of the capsule session and at the end of the capsule session.**

0-little to no knowledge – 10-know it all!

Beginning \_\_\_\_\_

Completion \_\_\_\_\_

Comments:

Comments:

**List any comments you have on this capsule and/or ways it could be improved:**