



Adult Exit Form

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PA's Name: _____ PA Custom ID: _____ Exit Date: _____
 Participant's Custom ID: _____

Today's Date: _____
 Participant's Name: _____
 Street Address: _____

 City: _____
 Zip Code: _____ Phone Number: _____
 Email: _____

Status

- Active
- Educational objectives met
- Returned to school
- Took a job
- Family concerns
- Staff vacancy
- Moved
- Lost interest
- Other:
- Other obligations
- Lost contact with client

As a result of participating in EFNEP are you now receiving any of the following? (check all that apply)

Public Assistance at EXIT:

- Child Nutrition
- FDPIR
- Head Start
- Other
- SNAP
- TANF
- TEFAP – Commodity
- WIC/CSPF

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Lesson Type: _____ Group
 _____ Individual
 _____ Both Group and Individual
 _____ Other

Number of Lessons: _____
 Number of Sessions: _____
 Number of Hours: _____

24-Hour Food Recall

Participant's Custom ID: _____ PA Name: _____ Recall ENTRY Date: _____

Participant's Name: _____

Amount spent on food last month: \$ _____

Is Pregnant Is Nursing

Nutritional Supplements:
If YES, list Types: _____

Physical Activity

- Not Provided
- Less than 30 minutes
- 30 – 60 minutes
- More than 60 minutes

Meal Type		Serving Abbreviations	
Morning = 1	Afternoon = 4	tbsp = tablespoon	c = cup
Mid-Morning = 2	Evening = 5	tsp = tsp	lb = pound
Noon = 3	Late-Evening = 6	ounce = oz	sl = slice

What did the participant eat and drink in the last 24 hours? (to be completed by the Paraprofessional or Participant)			Shaded Areas for Official Use ONLY
Meal Type	Food Items and Description <small>List all food and beverage items. For mixed dishes, list main ingredients separately</small>	How Much?	Food ID Number