



## Nutrition Education Report – **Home Delivered Meals**

Send to	at the	AAA prior to the session. The AAA will notify	
approval of the session to b	e conducted and units ente	ered into AIM.	
Session Date:		n Type (in-person/virtual/phone):	
Provider/Site Name:	Numb	Number of Distribution/Attendees:	
1) Name of Session:			
2) Session Objective(s):			
3) Session Organizer Name,	Organization, & Title:		
4) Educational Materials Us	ed: (Include the Name & web	site/source or include materials as needed )	
5) AAA personnel approving			

## Form Instructions: Provide specific information

- Name of session: List the title of the materials sent and/or describe the specific topic. If it is a health related topic, state how the topic relates to nutrition.
- Objectives of Session: Why were the materials and topic selected? What is the desired outcome?
- **Session organizer:** List the name, title and organization of the person identifying the topics and preparing materials.
- Educational Materials Used: Use only evidence-based, approved sources. List the source name, title of work, page number, anything that identifies the materials. If materials are not readily found on the web, include a copy with this report