**IMPLEMENTATION REPORTING**

**Curriculum Implementation**

1a. Total number of T.R.A.I.L. youth who participated in the T.R.A.I.L. curriculum lessons as of the end of this quarter (including all previous quarters):

1b. Of the number answered in 1a, how many youths have never participated in any T.R.A.I.L. programming in previous years?

1c. Are you serving more youth than required in your LOA?

1d. If so, how many Club youth in addition to the number required by the LOA participated in T.R.A.I.L. curriculum lessons as of the end of this quarter (including all previous quarters)?:

1e. How many T.R.A.I.L. participants have completed the pre-test (including all previous quarters)?:

1f. How many T.R.A.I.L. participants have completed the post-test (including all previous quarters)?:

1g. As of the end of this quarter, how many chapters and rounds of implementation have been completed?

1h. Describe the T.R.A.I.L. program activities that your Club accomplished, hosted and/or participated in during this reporting period including activities above and beyond LOA requirements.

1i. Describe how your Club has adapted the T.R.A.I.L. curriculum to be locally and culturally relevant to the community.

1j. Describe how your Club has implemented hands-on, healthy snack preparations or cooking demonstrations for T.R.A.I.L. participants. If you have not implemented your required amount of the hands-on, healthy snack demonstrations, what are your plans to accomplish this requirement?

1k. Describe how your Club has integrated elements of the T.R.A.I.L program into scheduled Club activities including healthy food and beverage choices for T.R.A.I.L. participants and other Club members.

**Physical Activity Challenges**

2a. Number of youth who participated in the T.R.A.I.L. Physical Activity Challenges as of the end this quarter:

2b. How many PA Challenges did T.R.A.I.L. youth participate in this quarter?

**Daily Physical Activity**

3. Describe the type of Club-wide daily physical activity youth participated in.

**Caretaker Involvement**

4a. Number of caretakers (parents/guardians) who volunteered with your T.R.A.I.L. program:

4b. Describe how caretakers became involved as volunteers.

4c. Describe what type of activities caretakers participated in.

**Individual Volunteer Involvement**

5a. Number of individual volunteers recruited to volunteer with your T.R.A.I.L. program:

5b. Describe how individual volunteers were recruited.

5c. Describe what type of volunteer activities individual volunteers participated in.

**Community Health Partner Involvement**

6a. Does your Club have a signed, active Memorandum of Agreement (MOA) with at least one Community Health Partner for the current grant year?

6b. Name your Community Health Partner, and describe what type of collaborative involvement they will have/has with your T.R.A.I.L. program.

**Additional Community Partner Involvement**

7a. Number of additional community partners recruited to support and/or volunteer with your T.R.A.I.L. program:

7b. Describe how the additional community partners were recruited to support and/or volunteer with the T.R.A.I.L. program.

7c. List the name of the community partner and what they are doing to support the program. Describe what type of support and/or volunteer activities additional community partners’ participated in.

**Community Education Project**

8a. What is the status of your T.R.A.I.L. participants’ Community Education Project? Describe what steps have been taken to plan and implement the Community Education Project

8b. Describe how your planned Community Education Project shares the central components of T.R.A.I.L. (i.e., healthy lifestyles, type 2 diabetes prevention, nutrition) with individuals outside of the program.

**ADDITIONAL INFO AND COMMENTS**

**Additional Information and/or Comments**

9a. What are participants, families, staff, volunteers, or community members saying about the T.R.A.I.L program? Describe any feedback you have received.

9b. Describe the successes your T.R.A.I.L. program experienced.

9c. Describe the challenges your T.R.A.I.L. program experienced.

9d. Share any feedback on the T.R.A.I.L. program curriculum.

9e. What are your plans for continuing the T.R.A.I.L. program into the next quarter?