



Monthly Implementation Log

Due Date: 11/3/08

Michigan Model for Health®
Kindergarten

Teacher: _____ School Name: _____
Print Name

Email Address: _____ County: _____

Instructions: Please place an X in the box next to the name of the Michigan Model lesson you taught this month. If taught more than once, place an X for each time the lesson was taught.

Social and Emotional Health

	Lesson	X When Completed	Office Use Only
1	<i>Learning to show Respect and Caring</i>		
2	<i>Making Friends</i>		
3	<i>Caring Touch</i>		
4	<i>So Many Different Feelings</i>		
5	<i>What to do About Strong Feelings</i>		
6	<i>Sharing Our Feelings</i>		
7	<i>Compliments and Appreciation</i>		
8	<i>Being Responsible at Home and School</i>		

Nutrition and Physical Activity

	Lesson	X When Completed	Office Use Only
1	<i>Food Variety for Healthy Eating</i>		
2	<i>On the Move</i>		
3	<i>Physical Activity: Nutrition's Partner for Health</i>		

Safety

	Lesson	X When Completed	Office Use Only
1	Helping Ourselves Stay Safe		
2	Moving Around Safely		
3	<i>Staying Safe Around Dangerous Objects</i>		
4	When and How to Phone 911		
5	Staying Personally Safe		

Alcohol, Tobacco, and Other Drugs

	Lesson	X When Completed	Office Use Only
1	Being Safe With Medicines		
2	<i>Poison Safety</i>		

Personal Health and Wellness

	Lesson	X When Completed	Office Use Only
1	<i>Germ Buster</i>		
2	Taking Care of Teeth		
3	<i>Helping Others Remember to Wash and Brush</i>		

Teacher Signature (BLUE INK): _____ Date (BLUE INK): _____

Supervisor Signature (BLUE INK): _____ Date (BLUE INK): _____

ADDITIONAL TIME SPENT TEACHING HEALTHY LIFESTYLES OUTSIDE THE ABOVE LESSONS

I communicated with students, parents or colleagues about physical activity or healthy eating/nutrition for a total of _____ hours



Monthly Implementation Log

Due Date: 12/1/08

Michigan Model for Health®
Kindergarten

Teacher: _____ School Name: _____
Print Name

Email Address: _____ County: _____

Instructions: Please place an X in the box next to the name of the Michigan Model lesson you taught this month. If taught more than once, place an X for each time the lesson was taught.

Social and Emotional Health

	Lesson	X When Completed	Office Use Only
1	<i>Learning to show Respect and Caring</i>		
2	<i>Making Friends</i>		
3	<i>Caring Touch</i>		
4	<i>So Many Different Feelings</i>		
5	<i>What to do About Strong Feelings</i>		
6	<i>Sharing Our Feelings</i>		
7	<i>Compliments and Appreciation</i>		
8	<i>Being Responsible at Home and School</i>		

Nutrition and Physical Activity

	Lesson	X When Completed	Office Use Only
1	<i>Food Variety for Healthy Eating</i>		
2	<i>On the Move</i>		
3	<i>Physical Activity: Nutrition's Partner for Health</i>		

Safety

	Lesson	X When Completed	Office Use Only
1	Helping Ourselves Stay Safe		
2	Moving Around Safely		
3	<i>Staying Safe Around Dangerous Objects</i>		
4	When and How to Phone 911		
5	Staying Personally Safe		

Alcohol, Tobacco, and Other Drugs

	Lesson	X When Completed	Office Use Only
1	Being Safe With Medicines		
2	<i>Poison Safety</i>		

Personal Health and Wellness

	Lesson	X When Completed	Office Use Only
1	<i>Germ Buster</i>		
2	Taking Care of Teeth		
3	<i>Helping Others Remember to Wash and Brush</i>		

Teacher Signature (BLUE INK): _____ Date (BLUE INK): _____

Supervisor Signature (BLUE INK): _____ Date (BLUE INK): _____

ADDITIONAL TIME SPENT TEACHING HEALTHY LIFESTYLES OUTSIDE THE ABOVE LESSONS

I communicated with students, parents or colleagues about physical activity or healthy eating/nutrition for a total of _____ hours



Monthly Implementation Log

Due Date: 1/5/09

Michigan Model for Health®
Kindergarten

Teacher: _____ School Name: _____
Print Name

Email Address: _____ County: _____

Instructions: Please place an X in the box next to the name of the Michigan Model lesson you taught this month. If taught more than once, place an X for each time the lesson was taught.

Social and Emotional Health

	Lesson	X When Completed	Office Use Only
1	<i>Learning to show Respect and Caring</i>		
2	<i>Making Friends</i>		
3	<i>Caring Touch</i>		
4	<i>So Many Different Feelings</i>		
5	<i>What to do About Strong Feelings</i>		
6	<i>Sharing Our Feelings</i>		
7	<i>Compliments and Appreciation</i>		
8	<i>Being Responsible at Home and School</i>		

Nutrition and Physical Activity

	Lesson	X When Completed	Office Use Only
1	<i>Food Variety for Healthy Eating</i>		
2	<i>On the Move</i>		
3	<i>Physical Activity: Nutrition's Partner for Health</i>		

Safety

	Lesson	X When Completed	Office Use Only
1	Helping Ourselves Stay Safe		
2	Moving Around Safely		
3	<i>Staying Safe Around Dangerous Objects</i>		
4	When and How to Phone 911		
5	Staying Personally Safe		

Alcohol, Tobacco, and Other Drugs

	Lesson	X When Completed	Office Use Only
1	Being Safe With Medicines		
2	<i>Poison Safety</i>		

Personal Health and Wellness

	Lesson	X When Completed	Office Use Only
1	<i>Germ Buster</i>		
2	Taking Care of Teeth		
3	<i>Helping Others Remember to Wash and Brush</i>		

Teacher Signature (BLUE INK): _____ Date (BLUE INK): _____

Supervisor Signature (BLUE INK): _____ Date (BLUE INK): _____

ADDITIONAL TIME SPENT TEACHING HEALTHY LIFESTYLES OUTSIDE THE ABOVE LESSONS

I communicated with students, parents or colleagues about physical activity or healthy eating/nutrition for a total of _____ hours



Monthly Implementation Log

Michigan Model for Health®
Kindergarten

Due Date: 2/2/09

Teacher: _____ School Name: _____
Print Name

Email Address: _____ County: _____

Instructions: Please place an X in the box next to the name of the Michigan Model lesson you taught this month. If taught more than once, place an X for each time the lesson was taught.

Social and Emotional Health

	Lesson	X When Completed	Office Use Only
1	<i>Learning to show Respect and Caring</i>		
2	<i>Making Friends</i>		
3	<i>Caring Touch</i>		
4	<i>So Many Different Feelings</i>		
5	<i>What to do About Strong Feelings</i>		
6	<i>Sharing Our Feelings</i>		
7	<i>Compliments and Appreciation</i>		
8	<i>Being Responsible at Home and School</i>		

Nutrition and Physical Activity

	Lesson	X When Completed	Office Use Only
1	<i>Food Variety for Healthy Eating</i>		
2	<i>On the Move</i>		
3	<i>Physical Activity: Nutrition's Partner for Health</i>		

Safety

	Lesson	X When Completed	Office Use Only
1	Helping Ourselves Stay Safe		
2	Moving Around Safely		
3	<i>Staying Safe Around Dangerous Objects</i>		
4	When and How to Phone 911		
5	Staying Personally Safe		

Alcohol, Tobacco, and Other Drugs

	Lesson	X When Completed	Office Use Only
1	Being Safe With Medicines		
2	<i>Poison Safety</i>		

Personal Health and Wellness

	Lesson	X When Completed	Office Use Only
1	<i>Germ Buster</i>		
2	Taking Care of Teeth		
3	<i>Helping Others Remember to Wash and Brush</i>		

Teacher Signature (BLUE INK): _____ Date (BLUE INK): _____

Supervisor Signature (BLUE INK): _____ Date (BLUE INK): _____

ADDITIONAL TIME SPENT TEACHING HEALTHY LIFESTYLES OUTSIDE THE ABOVE LESSONS

I communicated with students, parents or colleagues about physical activity or healthy eating/nutrition for a total of _____ hours



Monthly Implementation Log

Due Date: 3/2/09

Michigan Model for Health®
Kindergarten

Teacher: _____
Print Name

School Name: _____

Email Address: _____

County: _____

Instructions: Please place an X in the box next to the name of the Michigan Model lesson you taught this month. If taught more than once, place an X for each time the lesson was taught.

Social and Emotional Health

	Lesson	X When Completed	Office Use Only
1	<i>Learning to show Respect and Caring</i>		
2	<i>Making Friends</i>		
3	<i>Caring Touch</i>		
4	<i>So Many Different Feelings</i>		
5	<i>What to do About Strong Feelings</i>		
6	<i>Sharing Our Feelings</i>		
7	<i>Compliments and Appreciation</i>		
8	<i>Being Responsible at Home and School</i>		

Nutrition and Physical Activity

	Lesson	X When Completed	Office Use Only
1	<i>Food Variety for Healthy Eating</i>		
2	<i>On the Move</i>		
3	<i>Physical Activity: Nutrition's Partner for Health</i>		

Safety

	Lesson	X When Completed	Office Use Only
1	Helping Ourselves Stay Safe		
2	Moving Around Safely		
3	<i>Staying Safe Around Dangerous Objects</i>		
4	When and How to Phone 911		
5	Staying Personally Safe		

Alcohol, Tobacco, and Other Drugs

	Lesson	X When Completed	Office Use Only
1	Being Safe With Medicines		
2	<i>Poison Safety</i>		

Personal Health and Wellness

	Lesson	X When Completed	Office Use Only
1	<i>Germ Buster</i>		
2	Taking Care of Teeth		
3	<i>Helping Others Remember to Wash and Brush</i>		

Teacher Signature (BLUE INK): _____

Date (BLUE INK): _____

Supervisor Signature (BLUE INK): _____

Date (BLUE INK): _____

ADDITIONAL TIME SPENT TEACHING HEALTHY LIFESTYLES OUTSIDE THE ABOVE LESSONS

I communicated with students, parents or colleagues about physical activity or healthy eating/nutrition for a total of _____ hours



Monthly Implementation Log

Michigan Model for Health®
Kindergarten

Due Date: 4/6/09

Teacher: _____ School Name: _____
Print Name

Email Address: _____ County: _____

Instructions: Please place an X in the box next to the name of the Michigan Model lesson you taught this month. If taught more than once, place an X for each time the lesson was taught.

Social and Emotional Health

	Lesson	X When Completed	Office Use Only
1	<i>Learning to show Respect and Caring</i>		
2	<i>Making Friends</i>		
3	<i>Caring Touch</i>		
4	<i>So Many Different Feelings</i>		
5	<i>What to do About Strong Feelings</i>		
6	<i>Sharing Our Feelings</i>		
7	<i>Compliments and Appreciation</i>		
8	<i>Being Responsible at Home and School</i>		

Nutrition and Physical Activity

	Lesson	X When Completed	Office Use Only
1	<i>Food Variety for Healthy Eating</i>		
2	<i>On the Move</i>		
3	<i>Physical Activity: Nutrition's Partner for Health</i>		

Safety

	Lesson	X When Completed	Office Use Only
1	Helping Ourselves Stay Safe		
2	Moving Around Safely		
3	<i>Staying Safe Around Dangerous Objects</i>		
4	When and How to Phone 911		
5	Staying Personally Safe		

Alcohol, Tobacco, and Other Drugs

	Lesson	X When Completed	Office Use Only
1	Being Safe With Medicines		
2	<i>Poison Safety</i>		

Personal Health and Wellness

	Lesson	X When Completed	Office Use Only
1	<i>Germ Buster</i>		
2	Taking Care of Teeth		
3	<i>Helping Others Remember to Wash and Brush</i>		

Teacher Signature (BLUE INK): _____ Date (BLUE INK): _____

Supervisor Signature (BLUE INK): _____ Date (BLUE INK): _____

ADDITIONAL TIME SPENT TEACHING HEALTHY LIFESTYLES OUTSIDE THE ABOVE LESSONS

I communicated with students, parents or colleagues about physical activity or healthy eating/nutrition for a total of _____ hours



Monthly Implementation Log

Michigan Model for Health®
Kindergarten

Due Date: 5/4/09

Teacher: _____ School Name: _____
Print Name

Email Address: _____ County: _____

Instructions: Please place an X in the box next to the name of the Michigan Model lesson you taught this month. If taught more than once, place an X for each time the lesson was taught.

Social and Emotional Health

	Lesson	X When Completed	Office Use Only
1	<i>Learning to show Respect and Caring</i>		
2	<i>Making Friends</i>		
3	<i>Caring Touch</i>		
4	<i>So Many Different Feelings</i>		
5	<i>What to do About Strong Feelings</i>		
6	<i>Sharing Our Feelings</i>		
7	<i>Compliments and Appreciation</i>		
8	<i>Being Responsible at Home and School</i>		

Nutrition and Physical Activity

	Lesson	X When Completed	Office Use Only
1	<i>Food Variety for Healthy Eating</i>		
2	<i>On the Move</i>		
3	<i>Physical Activity: Nutrition's Partner for Health</i>		

Safety

	Lesson	X When Completed	Office Use Only
1	Helping Ourselves Stay Safe		
2	Moving Around Safely		
3	<i>Staying Safe Around Dangerous Objects</i>		
4	When and How to Phone 911		
5	Staying Personally Safe		

Alcohol, Tobacco, and Other Drugs

	Lesson	X When Completed	Office Use Only
1	Being Safe With Medicines		
2	<i>Poison Safety</i>		

Personal Health and Wellness

	Lesson	X When Completed	Office Use Only
1	<i>Germ Buster</i>		
2	Taking Care of Teeth		
3	<i>Helping Others Remember to Wash and Brush</i>		

Teacher Signature (BLUE INK): _____ Date (BLUE INK): _____

Supervisor Signature (BLUE INK): _____ Date (BLUE INK): _____

ADDITIONAL TIME SPENT TEACHING HEALTHY LIFESTYLES OUTSIDE THE ABOVE LESSONS

I communicated with students, parents or colleagues about physical activity or healthy eating/nutrition for a total of _____ hours



Monthly Implementation Log

Michigan Model for Health®
Kindergarten

Due Date: 6/1/09

Teacher: _____ School Name: _____
Print Name

Email Address: _____ County: _____

Instructions: Please place an X in the box next to the name of the Michigan Model lesson you taught this month. If taught more than once, place an X for each time the lesson was taught.

Social and Emotional Health

	Lesson	X When Completed	Office Use Only
1	<i>Learning to show Respect and Caring</i>		
2	<i>Making Friends</i>		
3	<i>Caring Touch</i>		
4	<i>So Many Different Feelings</i>		
5	<i>What to do About Strong Feelings</i>		
6	<i>Sharing Our Feelings</i>		
7	<i>Compliments and Appreciation</i>		
8	<i>Being Responsible at Home and School</i>		

Nutrition and Physical Activity

	Lesson	X When Completed	Office Use Only
1	<i>Food Variety for Healthy Eating</i>		
2	<i>On the Move</i>		

Safety

	Lesson	X When Completed	Office Use Only
1	Helping Ourselves Stay Safe		
2	Moving Around Safely		
3	<i>Staying Safe Around Dangerous Objects</i>		
4	When and How to Phone 911		
5	Staying Personally Safe		

Alcohol, Tobacco, and Other Drugs

	Lesson	X When Completed	Office Use Only
1	Being Safe With Medicines		
2	<i>Poison Safety</i>		
3	<i>Physical Activity: Nutrition's Partner for Health</i>		

Personal Health and Wellness

	Lesson	X When Completed	Office Use Only
1	<i>Germ Buster</i>		
2	Taking Care of Teeth		
3	<i>Helping Others Remember to Wash and Brush</i>		

Teacher Signature (BLUE INK): _____ Date (BLUE INK): _____

Supervisor Signature (BLUE INK): _____ Date (BLUE INK): _____

ADDITIONAL TIME SPENT TEACHING HEALTHY LIFESTYLES OUTSIDE THE ABOVE LESSONS

I communicated with students, parents or colleagues about physical activity or healthy eating/nutrition for a total of _____ hours



Monthly Implementation Log

Michigan Model for Health®
Kindergarten

Due Date: 7/6/09

Teacher: _____ School Name: _____
Print Name

Email Address: _____ County: _____

Instructions: Please place an X in the box next to the name of the Michigan Model lesson you taught this month. If taught more than once, place an X for each time the lesson was taught.

Social and Emotional Health

	Lesson	X When Completed	Office Use Only
1	<i>Learning to show Respect and Caring</i>		
2	<i>Making Friends</i>		
3	<i>Caring Touch</i>		
4	<i>So Many Different Feelings</i>		
5	<i>What to do About Strong Feelings</i>		
6	<i>Sharing Our Feelings</i>		
7	<i>Compliments and Appreciation</i>		
8	<i>Being Responsible at Home and School</i>		

Nutrition and Physical Activity

	Lesson	X When Completed	Office Use Only
1	<i>Food Variety for Healthy Eating</i>		
2	<i>On the Move</i>		
3	<i>Physical Activity: Nutrition's Partner for Health</i>		

Safety

	Lesson	X When Completed	Office Use Only
1	Helping Ourselves Stay Safe		
2	Moving Around Safely		
3	<i>Staying Safe Around Dangerous Objects</i>		
4	When and How to Phone 911		
5	Staying Personally Safe		

Alcohol, Tobacco, and Other Drugs

	Lesson	X When Completed	Office Use Only
1	Being Safe With Medicines		
2	<i>Poison Safety</i>		

Personal Health and Wellness

	Lesson	X When Completed	Office Use Only
1	<i>Germ Buster</i>		
2	Taking Care of Teeth		
3	<i>Helping Others Remember to Wash and Brush</i>		

Teacher Signature (BLUE INK): _____ Date (BLUE INK): _____

Supervisor Signature (BLUE INK): _____ Date (BLUE INK): _____

ADDITIONAL TIME SPENT TEACHING HEALTHY LIFESTYLES OUTSIDE THE ABOVE LESSONS

I communicated with students, parents or colleagues about physical activity or healthy eating/nutrition for a total of _____ hours



Monthly Implementation Log

Due Date: 8/3/09

Michigan Model for Health®
Kindergarten

Teacher: _____ School Name: _____
Print Name

Email Address: _____ County: _____

Instructions: Please place an X in the box next to the name of the Michigan Model lesson you taught this month. If taught more than once, place an X for each time the lesson was taught.

Social and Emotional Health

	Lesson	X When Completed	Office Use Only
1	<i>Learning to show Respect and Caring</i>		
2	<i>Making Friends</i>		
3	<i>Caring Touch</i>		
4	<i>So Many Different Feelings</i>		
5	<i>What to do About Strong Feelings</i>		
6	<i>Sharing Our Feelings</i>		
7	<i>Compliments and Appreciation</i>		
8	<i>Being Responsible at Home and School</i>		

Nutrition and Physical Activity

	Lesson	X When Completed	Office Use Only
1	<i>Food Variety for Healthy Eating</i>		
2	<i>On the Move</i>		
3	<i>Physical Activity: Nutrition's Partner for Health</i>		

Safety

	Lesson	X When Completed	Office Use Only
1	Helping Ourselves Stay Safe		
2	Moving Around Safely		
3	<i>Staying Safe Around Dangerous Objects</i>		
4	When and How to Phone 911		
5	Staying Personally Safe		

Alcohol, Tobacco, and Other Drugs

	Lesson	X When Completed	Office Use Only
1	Being Safe With Medicines		
2	<i>Poison Safety</i>		

Personal Health and Wellness

	Lesson	X When Completed	Office Use Only
1	<i>Germ Buster</i>		
2	Taking Care of Teeth		
3	<i>Helping Others Remember to Wash and Brush</i>		

Teacher Signature (BLUE INK): _____ Date (BLUE INK): _____

Supervisor Signature (BLUE INK): _____ Date (BLUE INK): _____

ADDITIONAL TIME SPENT TEACHING HEALTHY LIFESTYLES OUTSIDE THE ABOVE LESSONS

I communicated with students, parents or colleagues about physical activity or healthy eating/nutrition for a total of _____ hours



Monthly Implementation Log

Michigan Model for Health®
Kindergarten

Due Date: 9/7/09

Teacher: _____ School Name: _____
Print Name

Email Address: _____ County: _____

Instructions: Please place an X in the box next to the name of the Michigan Model lesson you taught this month. If taught more than once, place an X for each time the lesson was taught.

Social and Emotional Health

	Lesson	X When Completed	Office Use Only
1	<i>Learning to show Respect and Caring</i>		
2	<i>Making Friends</i>		
3	<i>Caring Touch</i>		
4	<i>So Many Different Feelings</i>		
5	<i>What to do About Strong Feelings</i>		
6	<i>Sharing Our Feelings</i>		
7	<i>Compliments and Appreciation</i>		
8	<i>Being Responsible at Home and School</i>		

Nutrition and Physical Activity

	Lesson	X When Completed	Office Use Only
1	<i>Food Variety for Healthy Eating</i>		
2	<i>On the Move</i>		
3	<i>Physical Activity: Nutrition's Partner for Health</i>		

Safety

	Lesson	X When Completed	Office Use Only
1	Helping Ourselves Stay Safe		
2	Moving Around Safely		
3	<i>Staying Safe Around Dangerous Objects</i>		
4	When and How to Phone 911		
5	Staying Personally Safe		

Alcohol, Tobacco, and Other Drugs

	Lesson	X When Completed	Office Use Only
1	Being Safe With Medicines		
2	<i>Poison Safety</i>		

Personal Health and Wellness

	Lesson	X When Completed	Office Use Only
1	<i>Germ Buster</i>		
2	Taking Care of Teeth		
3	<i>Helping Others Remember to Wash and Brush</i>		

Teacher Signature (BLUE INK): _____ Date (BLUE INK): _____

Supervisor Signature (BLUE INK): _____ Date (BLUE INK): _____

ADDITIONAL TIME SPENT TEACHING HEALTHY LIFESTYLES OUTSIDE THE ABOVE LESSONS

I communicated with students, parents or colleagues about physical activity or healthy eating/nutrition for a total of _____ hours



Monthly Implementation Log

Due Date: 10/5/09

Michigan Model for Health®
Kindergarten

Teacher: _____ School Name: _____
Print Name

Email Address: _____ County: _____

Instructions: Please place an X in the box next to the name of the Michigan Model lesson you taught this month. If taught more than once, place an X for each time the lesson was taught.

Social and Emotional Health

	Lesson	X When Completed	Office Use Only
1	<i>Learning to show Respect and Caring</i>		
2	<i>Making Friends</i>		
3	<i>Caring Touch</i>		
4	<i>So Many Different Feelings</i>		
5	<i>What to do About Strong Feelings</i>		
6	<i>Sharing Our Feelings</i>		
7	<i>Compliments and Appreciation</i>		
8	<i>Being Responsible at Home and School</i>		

Nutrition and Physical Activity

	Lesson	X When Completed	Office Use Only
1	<i>Food Variety for Healthy Eating</i>		
2	<i>On the Move</i>		
3	<i>Physical Activity: Nutrition's Partner for Health</i>		

Safety

	Lesson	X When Completed	Office Use Only
1	Helping Ourselves Stay Safe		
2	Moving Around Safely		
3	<i>Staying Safe Around Dangerous Objects</i>		
4	When and How to Phone 911		
5	Staying Personally Safe		

Alcohol, Tobacco, and Other Drugs

	Lesson	X When Completed	Office Use Only
1	Being Safe With Medicines		
2	<i>Poison Safety</i>		

Personal Health and Wellness

	Lesson	X When Completed	Office Use Only
1	<i>Germ Buster</i>		
2	Taking Care of Teeth		
3	<i>Helping Others Remember to Wash and Brush</i>		

Teacher Signature (BLUE INK): _____ Date (BLUE INK): _____

Supervisor Signature (BLUE INK): _____ Date (BLUE INK): _____

ADDITIONAL TIME SPENT TEACHING HEALTHY LIFESTYLES OUTSIDE THE ABOVE LESSONS

I communicated with students, parents or colleagues about physical activity or healthy eating/nutrition for a total of _____ hours