



Physical Activity Programs Quarterly Progress Report



Program(s):

Enhance Fitness (EF)

Walk With Ease (WWE)

Arthritis Foundation Exercise Program (AFEP)

Agency:

Date (mm/dd/yyyy):

Program Coordinator: Name:

Phone Number:

Quarter:

Q1, July-September

Q2, October-December

Q3, January-March

Q4, April-June

Site names where workshops were held: _____

Describe Progress as it relates to the Reporting Quarter

	EF	WWE	AFEP
# of Current Leaders:			
# of Leaders Trained during Quarter:			
# of Classes Scheduled:			
# of Classes Conducted:			
# of New Participants:			
# of Ongoing Participants:			

Please describe your efforts to promote the workshops (including types of promotion, # of materials distributed, partners you worked with, etc.): _____

Please describe your successes: _____

Please describe your challenges/barriers: _____

Please email this to rtanner@utah.gov, cweiss@utah.gov, & rcastlet@utah.gov or fax to 801-538-9495.