

Name: _____ Date: _____ School: _____

Educator Instructions: Please check off the activities on pages 1 and 2 as you complete them and answer the corresponding questions. After all the activities have been completed, answer the questions on page 3.

Attachment O - Teacher Journal: Grade 8

OMB BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0524. The time required to complete this information collection is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

8th Grade: The Truth About Sodium

Activities	Did you do the activity?	Time spent doing the activity.	Children's Response	The preparation and materials required for this activity were manageable.	The materials were appropriate for 8 th grade students.
WARM UP: Think-Pair-Share	<input type="checkbox"/> Yes <input type="checkbox"/> No	Total # of minutes: _____	<input type="checkbox"/> Enjoyed a lot <input type="checkbox"/> Enjoyed a little <input type="checkbox"/> Did not enjoy very much <input type="checkbox"/> Did not enjoy at all	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
READ: Choosing Healthy Snacks Info Text Article	<input type="checkbox"/> Yes <input type="checkbox"/> No	Total # of minutes: _____	<input type="checkbox"/> Enjoyed a lot <input type="checkbox"/> Enjoyed a little <input type="checkbox"/> Did not enjoy very much <input type="checkbox"/> Did not enjoy at all	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
Choosing Healthy Snacks Comprehension Questions	<input type="checkbox"/> Yes <input type="checkbox"/> No	Total # of minutes: _____	<input type="checkbox"/> Enjoyed a lot <input type="checkbox"/> Enjoyed a little <input type="checkbox"/> Did not enjoy very much <input type="checkbox"/> Did not enjoy at all	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
EXPLORE: Shake Off the Salt Interactive Application	<input type="checkbox"/> Yes <input type="checkbox"/> No	Total # of minutes: _____	<input type="checkbox"/> Enjoyed a lot <input type="checkbox"/> Enjoyed a little <input type="checkbox"/> Did not enjoy very much <input type="checkbox"/> Did not enjoy at all	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
WATCH: [Video Name TBD]	<input type="checkbox"/> Yes <input type="checkbox"/> No	Total # of minutes: _____	<input type="checkbox"/> Enjoyed a lot <input type="checkbox"/> Enjoyed a little <input type="checkbox"/> Did not enjoy very much <input type="checkbox"/> Did not enjoy at all	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree

Activities	Did you do the activity?	Time spent doing the activity.	Children's Response	The preparation and materials required for this activity were manageable.	The materials were appropriate for 8 th grade students.
INVESTIGATE: SuperTracker Activity	<input type="checkbox"/> Yes <input type="checkbox"/> No	Total # of minutes: _____	<input type="checkbox"/> Enjoyed a lot <input type="checkbox"/> Enjoyed a little <input type="checkbox"/> Did not enjoy very much <input type="checkbox"/> Did not enjoy at all	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
READ: Sodium & Your Health Info Text Article	<input type="checkbox"/> Yes <input type="checkbox"/> No	Total # of minutes: _____	<input type="checkbox"/> Enjoyed a lot <input type="checkbox"/> Enjoyed a little <input type="checkbox"/> Did not enjoy very much <input type="checkbox"/> Did not enjoy at all	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
Sodium & Your Health Reading Comprehension Questions	<input type="checkbox"/> Yes <input type="checkbox"/> No	Total # of minutes: _____	<input type="checkbox"/> Enjoyed a lot <input type="checkbox"/> Enjoyed a little <input type="checkbox"/> Did not enjoy very much <input type="checkbox"/> Did not enjoy at all	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
INVESTIGATE: Sodium Around Us Activity	<input type="checkbox"/> Yes <input type="checkbox"/> No	Total # of minutes: _____	<input type="checkbox"/> Enjoyed a lot <input type="checkbox"/> Enjoyed a little <input type="checkbox"/> Did not enjoy very much <input type="checkbox"/> Did not enjoy at all	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
WRAP UP: Reflect	<input type="checkbox"/> Yes <input type="checkbox"/> No	Total # of minutes: _____	<input type="checkbox"/> Enjoyed a lot <input type="checkbox"/> Enjoyed a little <input type="checkbox"/> Did not enjoy very much <input type="checkbox"/> Did not enjoy at all	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree

Which of the extension activities did you complete (i.e. Persuasive Writing, Planning Healthy Snacks Project)?

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Please describe any **modifications or changes** you made when leading these activities.

Please describe the **strengths** of the activities.

Please describe any **challenges** you or **your students** faced in completing these activities.

What changes would you make to improve these activities?

Think about all the activities you completed. What do you think your students learned?