



STATE OF HAWAII  
 DEPARTMENT OF EDUCATION  
**OFFICE OF HAWAII CHILD NUTRITION PROGRAMS**  
 650 IWILEI ROAD, SUITE 270  
 HONOLULU, HAWAII 96817  
 PHONE: (808) 587-3600

FRESH FRUIT AND VEGETABLE PROGRAM

**SELF-EVALUATION**

*(Keep on file for CRE review)*  
 SY 2011-2012

1. When, where, and how are the fruits & Vegetables being offered? Is this the same information that was approved on your application? If no, why? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2. List some of the produce that has been served for school year 2011-2012. \_\_\_\_\_  
 \_\_\_\_\_
3. Have you ever run out of produce? \_\_\_\_\_
4. Was there any extra produce? If yes, what was done with them:  
 Used on lunch line as bonus     Discarded, it was spoiled
5. Were any low-fat dips purchased? (2 Tbsp. max serving) ? \_\_\_\_\_
6. Was any capital equipment purchased using ONLY FFVP funds?     Yes     No  
 a. Is the above purchased equipment only used for the FFVP?     Yes     No  
 b. If no, explain. \_\_\_\_\_

**HIGHLY RECOMMENDED ITEMS:**

7. How has collaboration, cooperation, and commitment from partners (community health agencies, Dieticians, dietetic interns, local grocers and stores, food distributors, etc.) been encouraged?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- a. How was FFVP promoted? (posters, website, newsletter, school assembly, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_
- b. What nutrition education\* activities were conducted and by whom? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\* Resources: *Choosemyplate.gov, www.pbhfoundation.org/educators/teachers*

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date