# Monthly Teacher Check-in Form

Please complete your responses on this form and email to coacheschallenge@washoecounty.gov

**Name:** Click or tap here to enter text. **Month:**Click or tap here to enter text.

1. **Please share your program experience thus far and answer any applicable questions you can respond to:**
	1. Components of the program working well for your class
	2. Student engagement with program or success stories
	3. Challenges/obstacles you have encountered
	4. Challenges/obstacles your students have encountered
2. **List of lesson plans you have completed:**
3. **What additional support/technical assistance can the health district staff provide you to make participation in the program easier?**
4. **Please share any additional thoughts or comments**