

County of San Mateo Aging and Adult Services  
Annual Nutrition Education Plan Tracking Sheet  
Fiscal Year: \_\_\_\_\_

Nutrition Program Center: \_\_\_\_\_

|           | Topic | Date Presented | Number of Participants |
|-----------|-------|----------------|------------------------|
| Quarter 1 |       |                |                        |
| Quarter 2 |       |                |                        |
| Quarter 3 |       |                |                        |
| Quarter 4 |       |                |                        |

Please make sure to attach a copy of each of the four presentation outlines.