



# TEACHER FEEDBACK

Thank you for the opportunity to work with your students. We appreciate your support of nutrition education. We appreciate your feedback—it will help us provide the programming that best meets your needs.

Date: \_\_\_\_\_

School: \_\_\_\_\_

Teacher: \_\_\_\_\_

Name of the Curriculum: **Kids a Cookin' & Movin'**

County: \_\_\_\_\_

## Student Changes

Please check 'yes', 'no' or 'unsure' next to changes that <b>students</b> may have made since receiving our program. These changes may be based on your observations or students' comments.	Yes	No	Unsure	If yes is checked, please give an example.
More aware of nutrition				
Make healthier meal and/or snack choices				
Eat breakfast more often				
More willing to try new foods				
Improved hand washing				
Improved food safety (other than hand washing)				
Increased physical activity				
Prepare meals more often				

## Teacher Changes

Please check 'yes' or 'no' to show what changes <b>you</b> have made since our program.	Yes	No	Do you talk about or model these changes in front of students?	
			Yes	No
More aware of nutrition				
Make healthier meal and/or snack choices				
Eat breakfast more often				
More willing to try new foods				
Improved hand washing				
Improved food safety (other than hand washing)				
Increased physical activity				
Make/offer healthier food choices <b>for students</b>				
Other:				

Do you plan to spend more time on nutrition education in your classroom than you did prior to this nutrition education program?

Check one:  Yes  Maybe  No  About the same

How was class response to the program? Check one:  Excellent  Good  Average  Fair  Poor

What part(s) of the program did students enjoy the most? Check all that apply.

Taste testing food  Activities/games  Preparing food  Video cooking demonstrations Other \_\_\_\_\_

Would you be interested in having the program again next year?  Yes  No

Do you have any requests, suggestions, ideas for improvement, or other comments?