



Family Nutrition Program

# 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: \_\_\_\_\_

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

## Student Changes

| Please check 'yes', 'no' or 'unsure' next to changes that students 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. |
|--|-----|----|--------|--|
| Eat breakfast more often   |     |    |        |  |
| Improved food safety (other than hand washing)   |     |    |        |  |
| Improved hand washing  |     |    |        |  |
| Increased physical activity  |     |    |        |  |
| Make healthier meal and/or snack choices   |     |    |        |  |
| More aware of nutrition  |     |    |        |  |
| More willing to try new foods  |     |    |        |  |
| Prepare meals more often   |     |    |        |  |
| Other:   |     |    |        |  |

## Teacher Changes

| Please check 'yes' or 'no' to show what changes you have made since our program or if you are already practicing the healthy behavior, check "already practicing." | Yes | No | Already practicing | 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 for students   |     |    |                    |  |    |
| 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?