Steps to Health
Supplemental Nutrition Assistance Program Education (SNAP-Ed)

Teacher Feedback

Date: _____

County: _____

School: _____

Teacher: _____

Color Me Healthy for SNAP-Ed

Thank you for your support of the Color Me Healthy for SNAP-Ed program. Please help us by considering each INDIVIDUAL student since beginning this program.

For each individual student listed, place a check mark √ in the chart below if you observed the following behavior(s):

1. He/she is more willing to taste fruits.
2. He/she is more willing to taste vegetables.
3. He/she has increased their physical activity.

If you have not observed the behavior in that specific student, please leave the box blank.

First Name	Last Name	1. This student is more willing to taste fruits.	2. This student is more willing to taste vegetables.	3. This student increased physical activity.

NC STATE EXTENSION

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Eat Smart Move More NORTH CAROLINA