

2ND-FY17

^{2nd Grade} **Teacher Feedback**

School:	 	 	
County: _			
Dato			

First Name:

Thank you for helping us share Steps to Health with your students.

Did you observe any changes in eating	ng or physica	l activity amon	ng the children	after
completing the program?				

- a. Yes
- b. No

We appreciate hearing about how the program specifically impacted your students:

- 1. What changes did you observe in the eating habits of your students?
- 2. What changes did you observe in the physical activity levels of your students?
- 3. Did you observe any other positive changes?
- 4. Did you receive any feedback about the program from parents or other school staff?
- 5. Please share with us any additional comments:



