

School: _____

County: _____

Name: _____

Date: _____



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

Did you observe any changes in eating or physical activity among 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: