



# Garden Educator Feedback

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

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

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

Name: \_\_\_\_\_

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

**We would love your feedback!**

**By the end of the Garden Education sessions, did you:**

Notice an increase in student’s willingness to try fruits and vegetables?  Yes  No

Notice students were more engaged in physical activities?  Yes  No

Notice an increase in students’ interest in growing fruits and vegetables?  Yes  No

Notice an increase in students’ sense of responsibility when caring for plants in the garden?  Yes  No

Receive any positive feedback from parents or school staff?  Yes  No

Observe any other positive changes?  Yes  No

**Please share with us any additional comments:**

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