Teacher 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 program, did you:

Notice an increase in students’ 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

For any yes answer above, please elaborate, or share with us any additional comments:
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________