



Teacher Feedback

School: _____

County: _____

Name: _____

Date: _____

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:

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