

Teacher Feedback

School: _	 	 	
County:	 		
Date:			

2nd Grade

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

Did you observe any changes in eating	or physical	activity a	mong 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. What feedback did you receive about the program from parents or other school staff?
 - 5. Did supporting this program influence your own eating and physical activity choices?
 - 6. Did you visit our website, Facebook, or Instagram?
 - 7. Please share with us any additional comments:



