

Teacher Feedback

School: _____

County: _____

Date: _____

Name: _____

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. 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:

Visit us at www.ncstepstohealth.org



Steps to Health, NCSU SNAP-Ed



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NC STATE

EXTENSION

