



Educator Feedback Form

Educator Name: _____

County: _____ Site: _____

1. Was the program appropriate for your participants and the population? Please explain.

2. Were there any difficult or challenging concepts for participants?

3. Was the length of the sessions and amount of content presented too long or too short or just right? Please explain.

4. Was there any information not provided that would have been helpful? Please explain.

5. Did you use any additional materials (demonstration supplies, graphics, etc.) to teach the sessions? If so, please describe or attach.

Turn over

6. Did participants ask any questions that were not covered in the content and/or were difficult to answer? Please list.

7. List any taste tests that were not well received by participants.

8. Did participants report any personal successes as a result of the program? Please describe as specifically as possible.

9. Did the site/location/group report any successes or changes in their policies, systems, or environment as a result of the program? Please describe as specifically as possible.

10. Did you collaborate with anyone or any group/organization (site manager, extension staff, health department, nurse, etc) to set-up or deliver the program? Please list the person/group/organization and describe the collaboration.

11. Do you have any suggestions or feedback?
