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

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.

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_________________________________________________________________________________________

_________________________________________________________________________________________

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

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_________________________________________________________________________________________

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

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_________________________________________________________________________________________

_________________________________________________________________________________________

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.

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_________________________________________________________________________________________

_________________________________________________________________________________________

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.

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_________________________________________________________________________________________

11. Do you have any suggestions or feedback?

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