

Winning with Nutrition Teacher In-Service Training Evaluation

Date: _____ **Location:** _____

What County are you from? _____

Which Best Describes You? (Circle one)

Teacher School Administrator Parent Afterschool Provider/Staff
 Youth Leader 4-H Leader Extension Employee
 Other _____

If you marked "Teacher" or "School Administrator," please answer the next two questions:

What is your school district and campus? _____

What is the grade/subject area you teach? _____

Please answer the following question by circling the number that reflects your opinion about this training.

Question	Completely	Somewhat	Neutral	Very Little	Not At All
The objective was met for the training.	5	4	3	2	1
The training benefited me.	5	4	3	2	1
The training was well organized.	5	4	3	2	1
Would you recommend this training to others?	5	4	3	2	1
You plan to implement Winning with Nutrition with youth.	5	4	3	2	1

What did you like the most about the Winning with Nutrition training?

What can we do to improve this training?

If you authorize the Texas 4-H & Youth Development Program to use this evaluation and your comments for promotional purposes, complete the information below:

Name: _____ **Title:** _____

Signature: _____ **Date:** _____