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.

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

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: ___________________________