Winning with Nutrition
Teacher Evaluation

Teacher/Leader Name: ____________________________ School/Site: ____________________________
County: ____________________________ Number of students in class/group: ________
Grade Level of Students/Participants: ________ Location of Implementation: ________
(Health class, PE, Athletics, etc.)

1. What did the students like **best** about the Winning with Nutrition program?

________________________________________________________________________

________________________________________________________________________

2. What did the students like **least** about the Winning with Nutrition program?

________________________________________________________________________

________________________________________________________________________

3. Rate how well students were engaged during the program.

   \[ \text{Low} \quad 1 \quad 2 \quad 3 \quad 4 \quad 5 \quad \text{High} \quad \text{(Circle one)} \]

4. Have you used any other curriculum/programs on sports nutrition with your students?

   Yes  No  \text{(Circle one)}

   If yes, please list below.

5. Please offer any suggestions for improving and/or expanding the Winning with Nutrition
   program, including other topics in which students have expressed interest.

6. Please provide any other comments about the Winning with Nutrition program that you
   observed!

   \textit{Thank you for your feedback!}