

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.

Low **1** **2** **3** **4** **5** *High* (Circle one)

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

Yes **No** (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!

Thank you for your feedback!