**Participant Evaluation Form**

*Your feedback is important and will help us to improve the [INSERT program/activity]. Please take a few minutes to fill out this evaluation form.*

How much do you agree or disagree with the items below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **StronglyAgree** | **Agree** | **Neutral** | **Disagree** | **StronglyDisagree** |
| 1. The [INSERT program/activity] lived up to my expectations. | 🔿 | 🔿 | 🔿 | 🔿 | 🔿 |
| 2. The [INSERT program/activity] taught me about food safety and [INSERT program/activity topic].  | 🔿 | 🔿 | 🔿 | 🔿 | 🔿 |
| 3. The information I learned in the [INSERT program/activity] was useful and relevant to me. | 🔿 | 🔿 | 🔿 | 🔿 | 🔿 |
| 4. I feel confident that I can apply what I learned when [INSERT behavior - e.g. cooking or grocery shopping]. | 🔿 | 🔿 | 🔿 | 🔿 | 🔿 |
| 5. I plan to apply what I learned when [INSERT behavior - e.g. cooking or grocery shopping] | 🔿 | 🔿 | 🔿 | 🔿 | 🔿 |
| 6. The presenter was knowledgeable and engaging. | 🔿 | 🔿 | 🔿 | 🔿 | 🔿 |
| 7. I plan to share what I learned with friends and family. | 🔿 | 🔿 | 🔿 | 🔿 | 🔿 |

 8. What part of the [INSERT program/activity] was most interesting or useful to you?

 9. How would you rate the [INSERT program/activity] overall?

 Excellent Good Average Poor Very poor

 🔿 🔿 🔿 🔿 🔿

10: How would you improve the [INSERT program/activity]?

11. Are you the main food preparer in your household? Yes 🔿 No 🔿

If yes, how many people live in your household? #\_\_\_\_\_

12. Any additional comments?

 **Thank you!**