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:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The [INSERT program/activity] lived up to my expectations.	0	0	0	0	0
 The [INSERT program/activity] taught me about food safety and [INSERT program/activity topic]. 	0	0	0	0	0
The information I learned in the [INSERT program/activity] was useful and relevant to me.	0	0	0	0	0
 I feel confident that I can apply what I learned when [INSERT behavior - e.g. cooking or grocery shopping]. 	0	0	0	0	0
5. I plan to apply what I learned when [INSERT behavior - e.g. cooking or grocery shopping]	0	0	0	0	0
The presenter was knowledgeable and engaging.	0	0	0	0	0
7. I plan to share what I learned with friends and family.	0	0	0	0	0

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

9. How would you rate	the [INSERT program	n/activity] overall?		
Excellent	Good	Average	Poor	Very poor
0	0	0	0	0

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

11. Are you the main food preparer in your household? Yes O $\,$ No O $\,$

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

12. Any additional comments?

Thank you!