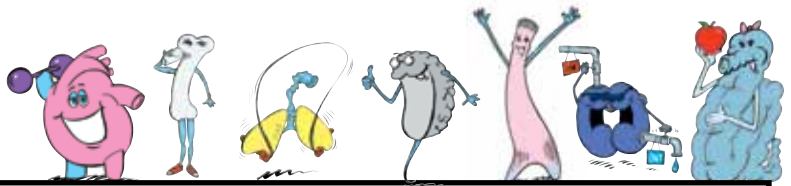




Classroom Teacher Survey for OrganWise Guys® Kits



This portion to be filled out by Nutrition Educator: Date: _____

Nutrition Educator: _____ School: _____

Classroom Teacher: _____ Grade Level: _____

FOR THE TEACHER: Thank you for the opportunity to work with your students. We appreciate your support of nutrition education. We also appreciate you taking the time to fill out this form- your feedback will help us provide programs that best meets your needs.

Are there changes in students' food choices or other behaviors after receiving this nutrition education program? These changes may be based on your observation or others'. If yes, please list:

	About what percent of your class has made these?

Have your own food choices or other behaviors changed since this nutrition program took place in your classroom? If yes, list the changes, and if you talk about/model these changes with students:

	Do you model this change in front of your students?

Please answer the following questions:

- Did The OrganWise Guys relate nutrition/health in a format your students understood? **Yes No**
- Were the materials easy for you to integrate into your classroom objectives? **Yes No**
- Would you recommend this program to other teachers? **Yes No**
- Would you be interested in having this program back next year? **Yes No**

What suggestions do you have? _____

(for additional comments please use back of sheet)