

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:

Changes in Students' Food Choices or Other Behaviors (For more space, please use back of page.)	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:

Changes in Your Own Food Choices or Other Behaviors	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**

Other comments (for more space use back of sheet):
