

UC CalFresh Training Evaluation

Date of Training: _____ Training Topic: _____

School name: _____

What grade-level are you currently teaching? _____

How many years have you participated in the UC CalFresh nutrition education program? _____

Did you find this training relevant to your work?

1. Not at all
2. Somewhat
3. Very

Did you find the training length and time appropriate? Yes No

If not, please provide suggestions for future timing/best days of the week:

After completing this training how confident are you on using this curricula or teaching techniques in your classroom (circle one):

1- Not Confident

2-Somewhat Confident

3- Neutral

4-Confident

5-Very Confident

What is one thing learned in this training that you plan to use in the next 2 months?

What other training topics would you like to see offered in the future?