



## Trainer Feedback Form

Today's Date: _____	Program Location: _____	Trainer Name(s): _____
This is Session # _____	Session START Time: _____	Session END Time: _____
Who attended this session? <input type="checkbox"/> Parents/Caregivers <input type="checkbox"/> Children <input type="checkbox"/> Both	How many (#) attended this session?	____ Parents/Caregivers ____ Children

**1. Please check off any activity you implemented during this session.**

- Check in/Discussion
- Energizer and healthy snack
- Closing Exercise/Discussion/Homework assignments

**2. Below is a list of other BodyWorks activities you may have implemented today. Please check all other BodyWorks activities that you implemented during today's session.**

**Introduction to BodyWorks and Tools for Changing Habits**

- Introduction of trainer and participants
- Why BodyWorks and Toolkit Distribution
- Behavior change & Goal-setting exercise
- Smoothie demonstration
- Healthy lifestyle discussion

**Healthy Eating Part 1**

- Basics of healthy eating for children, teens, adults
- BodyWorks Journals - Why and How to Use them

**Physical Activity, Part 1**

- Physical activity discussion (Types, barriers, benefits)
- Limiting screen time case study

**Healthy Eating Part 2**

- Serving size icebreaker and review serving sizes
- Making healthy lunch choices
- Turkey sandwich demonstration
- Making healthy fast food and beverage choices

**Setting Goals. Meal Planning, and Shopping**

- Cooking healthy meals discussion
- Cooking demonstration
- Using the weekly planner and goal-setting activity

**Cooking and Eating Together**

- Understanding the Nutrition Facts Label discussion
- Involving the family in planning, shopping, cooking discussion
- Eating together discussion

**Physical Activity Part 2 and Media Influences**

- Media influences discussion
- Physical activity

**Maintaining Changes**

- Maintaining changes discussion
- Physical activity
- Potluck Party

3. Please answer the following questions about the activities you implemented in your session today. For each question, check only one box.

	Not at all	A Little	Mostly	Completely
a. To what extent did you implement the activities as written in the curriculum?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How much did the activities help achieve the session learning objectives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How engaged were the participants in the activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. How satisfied were you with the time allotted for these activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. How satisfied were you with the activities overall?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Did you modify any of the activities that were planned in the curriculum for today's session?

- YES, I modified today's activities. [Continue with Question 5]  
 NO, I did not modify today's activities. [Skip to Question 6]

5. If you modified any of today's planned activities:

a. **WHY** did you modify them? (Choose one or more.)

<input type="checkbox"/> I did NOT LIKE the activity	<input type="checkbox"/> Group members seemed to DISLIKE the activity
<input type="checkbox"/> I felt UNCOMFORTABLE leading the activity	<input type="checkbox"/> Group members seemed UNCOMFORTABLE with the activity
<input type="checkbox"/> I had ANOTHER IDEA I thought would work better	<input type="checkbox"/> Topic/activity seemed too EASY for this group
<input type="checkbox"/> I needed more TIME	<input type="checkbox"/> Topic/activity seemed too HARD for this group
<input type="checkbox"/> I needed more RESOURCES (e.g. materials, supplies, equipment, space)	<input type="checkbox"/> Other: _____

b. **HOW** did you modify them? (Choose one or more.)

<input type="checkbox"/> I DELETED some content	<input type="checkbox"/> I COMBINED the content of two or more activities
<input type="checkbox"/> I SIMPLIFIED some content	<input type="checkbox"/> I brought in extra MATERIALS, supplies, or equipment
<input type="checkbox"/> I ADDED some content	<input type="checkbox"/> I brought in GUEST SPEAKER(S)
<input type="checkbox"/> Other: _____	

c. Tell us more about your answers to A and B. (For example, which activity did you leave out, which topic was too hard, describe the activity you created, etc.):

\_\_\_\_\_

\_\_\_\_\_

6a. Please tell us what worked well in this session? (Use the back if you need more space.) \_\_\_\_\_

\_\_\_\_\_

6b. What should be improved in this session? (Use the back if you need more space.) \_\_\_\_\_

\_\_\_\_\_

7. On a scale of 1-10, how would you rate your overall satisfaction with the current 8-week BodyWorks program so far?

Not at all  
satisfied

Extremely  
satisfied

**1            2            3            4            5            6            7            8            9            10**