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The Great Garden Detective Adventure School Foodservice Manager Posttest Survey

Posttest
2011

Purpose: This year, one 3rd and one 4th grade teacher at your school participated in a pilot test of the U.S. Department of Agriculture's *The Great Garden Detective Adventure* garden-based nutrition education curriculum. As part of the curriculum, teachers conducted taste-testing of produce featured in the curriculum. They may have done other activities such as preparing recipes in the classroom. We would like to know if, and how, you were involved with this curriculum.

Directions: Please complete this survey and insert into the return envelope provided to you. Mail the completed survey on or before **(INSERT DATE)**. If you have any questions, please contact Dr. Susan Russell at susan@r2e2evaluation.com. You may complete the survey using either pencil or pen. Do **NOT** write your name on the survey.

Confidentiality Statement:

We would like you to complete this survey. You may skip questions you do not want to answer but we hope that you will answer all of them. Any information about who you are will be kept secret. Your name will not be associated in any report related to this project.

The Great Garden Detective Adventure School Foodservice Manager Posttest Survey

Directions: For each question, place a check (☑) in the box next to the answer that is best for you. These questions apply only to 3rd and 4th grade students in (teacher's name) and (teacher's name) classes. Please read the questions carefully.

1. Which of the fruits and vegetables listed below were served for school lunch or breakfast this school year? Check (☑) *all that apply*.

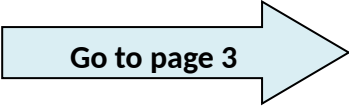
<input type="checkbox"/> Lettuce	<input type="checkbox"/> Carrots	<input type="checkbox"/> Swiss chard	<input type="checkbox"/> Raspberries
<input type="checkbox"/> Spinach	<input type="checkbox"/> Strawberries	<input type="checkbox"/> Beets	<input type="checkbox"/> Blackberries

2. In your opinion, are students now eating more of the featured fruits and vegetables than they did at the beginning of school year? Check (☑) one.

	Yes	No	I don't know
Lettuce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spinach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carrots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strawberries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swiss chard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Raspberries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blackberries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. How many **different** nutrition education posters (received from the teachers) did you display in the cafeteria, multipurpose room or other foodservice area. Check (☑) one.

0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



4. What Foodservice resources were used to help the **3rd and 4th grade teachers** with the nutrition education curriculum? Check (☐) and fill-in all that apply.

<input type="checkbox"/>	Foodservice Staff: _____ hours
<input type="checkbox"/>	Foodservice Budget: \$ _____
<input type="checkbox"/>	Food items (e.g., salt, lettuce, salad dressing)
<input type="checkbox"/>	Food preparation supplies (e.g., utensils, bowls, cutting boards)
<input type="checkbox"/>	Appliances (e.g., stove/oven, refrigerator, microwave)
<input type="checkbox"/>	Access to food preparation areas (e.g., sinks, countertops)
<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Other: _____

5. During this school year, **how many times** were you involved with each of the activities listed below for the **3rd and 4th grade students**? Check (☐) the number for each activity. If you did other nutrition education activities, write-in the name of the activity below, and check the number of times.

Activities	Times involved with activities										
	0	1	2	3	4	5	6	7	8	9	10
a. Purchased the featured produce item for taste-testing by students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Prepared the featured produce item for taste-testing by students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Delivered taste-testing items (i.e., produce, salad dressing, utensils) to the teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Assisted the teacher with the taste-testing activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Purchased cooking ingredients for the teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Prepared food for the teacher to cook in the classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Delivered cooking items (i.e. produce, salad dressing, utensils) to the teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Assisted the teacher with cooking in the classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Taught nutrition in the 3 rd and 4 th grade classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you!

Please place your completed survey in the return envelope provided and mail it on or before **(DATE)** in order to receive your \$25.00 stipend.