

Site: _____
Date: _____

OMB Control # 0584-0524
Expiration Date: 04/30/2013

Attachment D2 – Student Post-Survey

OMB BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0584-0524**. The time to complete this information collection is estimated at 20 minutes, including the time for reviewing instructions and completing the information.

1. **Think about the nutrition lessons you have been doing over the last few months. What did you enjoy about the lessons?**

2. **What would you change to make them better for other students like you?**

3. **What did you learn from the lessons?**

Please read the following statements and circle the number that represents how much you agree.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
I enjoyed working with the food service staff	5	4	3	2	1
I enjoyed preparing and tasting fruits and vegetables	5	4	3	2	1
I enjoyed working in the garden	5	4	3	2	1
I enjoyed mentoring younger students	5	4	3	2	1
I enjoyed introducing and explaining the posters to the food service staff	5	4	3	2	1