**Attachment E – Lesson Feedback Worksheet for Program Operators**

**RECIPE**

**LOCATION**

**ID#**

**Prep Time** hours: **\_\_\_\_\_\_** minutes:**\_\_\_\_\_\_**

**Lesson Time**  hours: **\_\_\_\_\_\_** minutes:**\_\_\_\_\_\_**

**What did you do to prepare for this lesson?**

**Video observation notes** (please note any reactions from students during video)



**What went well in this activity?**

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**What did not go well in this activity?**

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**What part(s) of this activity did you find unclear or confusing, if any?**

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**How would you make this activity better?**

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| **If Yes – What did you change or how did you customize?** |
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| **If No – What were you missing?** |
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**Did you adapt or customize this activity in any way?**

(MARK ONLY ONE)

* Yes
* No

**Did you have all the food and supplies you needed to make the recipe?** (MARK ONLY ONE)

* Yes
* No

**What did the children find challenging about the activity?**

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**How did this recipe taste?**

(MARK ONLY ONE)

* Very good
* Good
* OK
* Bad
* Very bad

**What ingredients would you change or add?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Which sections from the activity guide did you implement?**

(MARK ALL THAT APPLY)

* Introduction/Ground Rules
* Handwashing
* All about ingredients
* Nutritious and Delicious MyPlate
* How to read a recipe
* Cooking and Eating
* Cleanup
* Wrap-Up (includes My recipe story and Kitchen tools worksheets)

**How many adults participated in this activity? \_\_\_\_\_\_** (Record number of adults teaching or assisting)

**How many children participated in this activity? \_\_\_\_\_\_** (Record number of children)

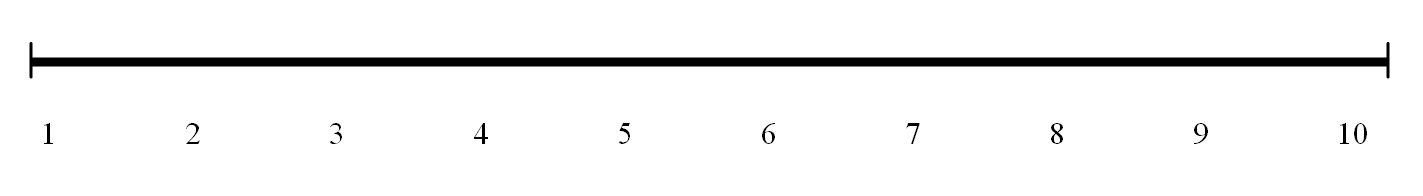
**Was this the ideal number of students? \_\_\_\_\_\_\_\_\_** (Yes or No)

**Did the participating students take home family handouts?\_\_\_\_\_\_\_\_** (Yes or No)

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**How useful do you think this activity is in changing children’s attitudes toward food?**

(CIRCLE ONLY ONE NUMBER BELOW)

**NOT AT ALL USEFUL EXTREMELY USEFUL** 

**Did you find this activity appropriate for children 8–12 years old?**

(MARK ONLY ONE)

* Yes
* No

**Why or why not?**

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