

Attachment E - Lesson Feedback Worksheet for Program Operators**ID#****LOCATION****RECIPE****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?

What did not go well in this activity?

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

How would you make this activity better?

Did you have all the food and supplies you needed to make the recipe? (MARK ONLY ONE) Yes No**Did you adapt or customize this activity in any way?**

(MARK ONLY ONE)

 Yes

What did the children find challenging about the activity?

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 did this recipe taste?

(MARK ONLY ONE)

Very good
 Good
 OK
 Bad
 Very bad

What ingredients would you change or add?

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)

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

Why or why not?

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