**OMB Number: 0584-XXXX**

**Expiration Date: xx/xx/2026**

This information is being collected to assist the Food and Nutrition Service to assess if the session achieved its objective, and whether or not the time allotted was sufficient. The Course Evaluation also addresses how effective the training team and resources were in helping PSU participants grasp all information taught in the course. This information is crucial to ensure PSU is satisfying participants’ expectations and supporting Child Nutrition program operators with accurate and helpful information. This is a voluntary collection for confirmed PSU participants and FNS will use the information to ensure that PSU provides the most appropriate training content that is tailored to the audience. This collection does not request any personally identifiable information under the Privacy Act of 1974. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not 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-XXX. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 1320 Braddock Place, 5th Floor, Alexandria, VA 22306 ATTN: PRA (0584-NEW). Do not return the completed form to this address.

**Appendix D:** **Course Evaluation**

**Part I**

*Questions to be asked through polling following each session*.

1. Did this session achieve [insert session objective]?

* Yes
* Somewhat
* No

1. Was enough time provided for this topic?

* Yes
* Somewhat
* No

**Part II**

*Final Day Course Evaluation Questions*

1. What did you enjoy most about PSU? (Check all that apply)

* Learning new information
* Networking with other Child Nutrition professionals
* Engaging with peers
* Participating in session activities
* Hearing about other participants experiences
* Receiving new resources and tools

1. What suggestions do you have to improving Produce Safety University? (Fill in the blank)
2. Please evaluate the following statements on the scale provided.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | Somewhat | No |
| After attending PSU, do you feel prepared to train others in produce safety? | ☐ | ☐ | ☐ |
| Was the training team able to address all of your questions and concerns? | ☐ | ☐ | ☐ |
| The content was well-organized and easy to follow. | ☐ | ☐ | ☐ |
| PSU was sufficiently interactive. | ☐ | ☐ | ☐ |
| The materials provided were helpful. | ☐ | ☐ | ☐ |