**OMB Number: 0584-XXXX**

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

The Program Impact Evaluation (Appendix E) is used to measure how the PSU courses have impacted participants six months after their completion of PSU. 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 20 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 E: Program Impact Evaluation**

*Respondents from school districts respond to Q1-Q10. Respondents from State agencies or other respond to Q2-Q10.*

1. Considering your operations, please estimate any change (increased, no change, decreased) to the following since attending PSU:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Increased** | **No change** | **Decreased** | **Not applicable** |
| Number of meals served that contain locally sourced produce. | ☐ | ☐ | ☐ | ☐ |
| Amount of fresh produce procured. | ☐ | ☐ | ☐ | ☐ |
| Use of locally sourced produce. | ☐ | ☐ | ☐ | ☐ |
| Ability to identify potential produce safety issues. | ☐ | ☐ | ☐ | ☐ |
| Knowledge to correct improper produce safety practices. | ☐ | ☐ | ☐ | ☐ |
| Confidence to correct improper produce safety practices. | ☐ | ☐ | ☐ | ☐ |
| Participation in Farm to School activities. | ☐ | ☐ | ☐ | ☐ |
| Creation of new Farm to School activities. | ☐ | ☐ | ☐ | ☐ |
| Confidence in the safety of produce from a school garden. | ☐ | ☐ | ☐ | ☐ |
| Purchasing directly from local growers or producers. | ☐ | ☐ | ☐ | ☐ |
| Comfort level writing produce specifications. | ☐ | ☐ | ☐ | ☐ |
| Comfort level turning away produce items because they don’t meet your specifications. | ☐ | ☐ | ☐ | ☐ |
| Cost of produce in your program. | ☐ | ☐ | ☐ | ☐ |

1. Have you made changes to improve receiving, storage, preparation, or service practices as a result of attending PSU?

* Yes (please explain)
* No

1. In general, how has PSU impacted produce waste in the kitchens you supervise? (Choose one)

* Much more waste.
* More waste.
* About the same amount of waste.
* Less waste.
* Much less waste

1. Have you trained others on topics you learned in PSU?

* Yes
* No

*If yes is selected, show Q3-7 and hide Q8; if no, proceed to Q8. All respond to Q9.* 

1. Approximately how many people have you trained? (Fill in the blank)
2. Who was the primary audience for your training session(s)?

* State agency staff
* Child Nutrition supervisors
* Child Nutrition employees
* Teachers
* Other school employees
* Other audiences (please explain)

1. Which topics did you teach? (Fill in the blank)
2. Did you use materials provided by USDA in the training(s) you conducted?

* Yes
* No

1. If you have not conducted training, what influenced this decision? (Check all that apply)

* Time
* Money
* Not in a position to conduct trainings
* Lack of training materials
* Felt unprepared to train on the subject matter
* Other (please explain)

1. Have you collaborated with other graduates since attending PSU?

* Yes
* No

*If yes is selected, show Q10, if “no,” end survey.* 

1. What was the primary purpose of the collaboration? (Check all that apply)

* Training others
* General communication