

## TRAINING EVALUATION FORM

### Jump Into Foods And Fitness Training

Date: \_\_\_\_\_

Thank you for participating in this workshop. We would appreciate your responses to the following questions, which will help us determine the effectiveness and the future of this type of training. DIRECTIONS: Please check (✓) the box that best indicates your reaction to each question.		Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
		1	2	3	4	5
1.	The training was relevant.					
2.	I feel prepared to teach youth food and nutrition activities.					
3.	I feel prepared to teach youth fitness activities.					
4.	I know where to go to get additional information on these topics.					
5.	I understand how to include age-appropriate activities in my work.					
6.	The food and nutrition session was relevant to the goals and lesson plans.					
7.	The physical fitness session was relevant to the goals and lesson plans.					
8.	I will use the information I learned in the workshop today in the next 3 months.					
9.	I will use the information I learned in the workshop today in the next 12 months.					
10.	This training increased my ability to train others who work with youth.					

11. How will you use the information and the materials you received today?

12. What challenges will you face as you start using the foods, nutrition and fitness activities and materials?

Please check (✓) the number that indicates your response to the following statements.		Not Helpful	Helpful	Very Helpful
		1	2	3
13.	How helpful were the foods and fitness materials as you went through the training today?			
14.	How helpful will the foods and fitness materials be for you as you carry out your role?			

15. Please record any additional feedback you would like to give us about *Jump Into Foods and Fitness* here.

	What format would you suggest we use for future training?	Yes	No
16.	One-day training		
17.	Distribute the information by mail and discuss in already scheduled meetings		
18.	Conference calls		
19.	Other (please explain):		

20. What additional information or training would you like to receive or is needed in the MSU Extension foods, nutrition and fitness program? (We'll use this information in planning programs for next year.)

21. Please record any other comments you have here:

22. MSU Extension affiliation (please check only one):

- FNP (Family Nutrition Program)  
 4-H Youth Development  
 Other (please specify): \_\_\_\_\_

23.  Female  Male

24. Racial-Ethnic Category (Optional - for affirmative action purposes only.)

Are you of Hispanic ethnicity?  Yes  No

- African American/Black (only)  
 African American/Black & American Indian or Alaskan Native  
 American Indian or Alaskan Native (only)  
 Arabic  
 Asian (only)  
 Native Hawaiian or Other Pacific Islander (only)  
 White (only)  
 White & African American/Black  
 White & American Indian or Alaskan Native  
 White & Asian  
 Other \_\_\_\_\_

25. Education level (please indicate highest level completed):

- Completed middle school       Completed technical or community college  
 Enrolled in high school       Completed bachelor's degree  
 Completed high school       Above a bachelor's degree

26. Number of young people from each type of community who will receive programming with this material:

\_\_\_ Rural \_\_\_ Urban \_\_\_ Suburban

*Thank you very much for completing this form!*