

NAP SACC Staff Workshop Evaluation Form

Date _____

Please select your title: Administrator/Owner Assistant Director Assistant Teacher/Helper Coordinator Director
 Food Service Manager Teacher
 Other _____

Please mark the topic(s) covered in today's workshop: Childhood Obesity Healthy Eating Physical Activity

	Please rate your agreement with each statement.	Comments/Insights/ Something new you learned
The workshop learning objectives were clear to me.	<input type="checkbox"/> Yes <input type="checkbox"/> Somewhat <input type="checkbox"/> No	
The content of the workshop was related to the learning objectives.	<input type="checkbox"/> Yes <input type="checkbox"/> Somewhat <input type="checkbox"/> No	
The workshop was organized and the presenter effectively taught the workshop.	<input type="checkbox"/> Yes <input type="checkbox"/> Somewhat <input type="checkbox"/> No	
As a result of today's workshop, it is clear to me that early learning and development programs can influence healthy lifestyles in young children.	<input type="checkbox"/> Yes <input type="checkbox"/> Somewhat <input type="checkbox"/> No	
	Please mark all that apply.	Comments/Insights/ Something new you learned
I learned NEW information during today's workshop on the following topic(s):	<input type="checkbox"/> Childhood Obesity <input type="checkbox"/> Nutrition for Young Children <input type="checkbox"/> Physical Activity for Young Children	

1. Overall, please rate today's training: Great Good Not good
2. If you agree with the statement "I learned something new from today's workshop experience", please share at least one example with us:

3. Do you think NAP SACC will be worthwhile in creating and maintaining healthy environments for children in child care?
 Yes No

Comments: _____

THANK YOU FOR YOUR FEEDBACK!