



*No More Battles! Feeding Your Picky Eater*

**Client Feedback Form**

*Congratulations on completing this lesson!*

Date:

Name:

Family Number (if known):

Did you enjoy this topic? Yes No

Did you learn ways to help your child eat a variety of foods? Yes No

***Check ONE statement that best describes you:***

I plan to *continue* helping my child eat a variety of foods.

I plan to *start* helping my child eat a variety of foods, *soon*.

I am *thinking about* helping my child eat a variety of foods, *someday*.

I *don't plan* to help my child eat a variety of foods.

***What changes, if any, do you plan to make?***

***Would you like to talk with a WIC nutritionist?*** Yes No

This institution is an equal opportunity provider.