



Celebrate a World of Flavors

Client Feedback Form

Name: _____

Family No.: _____

Congratulations on completing this lesson!

Please answer the following:

Did you enjoy this topic?

Yes

No

Did you learn something to help you make changes to your eating pattern?

Yes

No

Tell us one thing you learned today:

Check ONE statement that best describes you:

- I plan to *continue* eating a variety of nutritious foods every day.
- I plan to *start* eating a variety of nutritious foods, *soon*.
- I am *thinking about* eating a variety of nutritious foods, *someday*.
- I *don't plan to change* my eating pattern.

If you plan to make changes, please tell us what they are:

Would you like to talk to a WIC nutritionist?

Yes

No

This institution is an equal opportunity provider.