



## Family Nutrition Night Parent Evaluation



Please check the box that best describes your response to each question below:

	Strongly Disagree	Disagree	Somewhat Agree	Agree	Strongly Agree
My family enjoyed this event.					
The directions for the activities were easy to follow.					
There was enough time to do each activity.					
We learned activities to do at home as a family.					
The information received was useful.					
The time of this event was good for our family.					
The location of this event was good for our family.					
I would attend another Family Nutrition event.					
I would recommend this activity to a friend.					

Name one way your family will improve its eating habits. \_\_\_\_\_

Name one way your family will increase its physical activity time. \_\_\_\_\_

Are you aware that your child's school should have a wellness policy?    Yes    No

If yes, what changes have been made at your child's school as a result of this policy? \_\_\_\_\_

If you are not aware of the policy, will you ask a school employee to find out more information?    Yes    No

How many times a week does your family have a meal together?    0 – 1    2 – 4    3 – 5    6 or more

Will you make an effort to have more family meals together?    Yes    No

Do you know how much time your child spends participating in physical activity during the school day? If yes, how many minutes? \_\_\_\_\_

\*\*\*Please provide your contact information if you would be willing to complete a follow-up evaluation in 6 months.

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Contact phone number \_\_\_\_\_

Check here \_\_\_\_\_ if you would like to receive the Smart Choices newsletter by e-mail and provide your e-mail address in the line below.

E-mail \_\_\_\_\_