
Appendix C: Tool Kit Evaluation Form

Thank you for administering the *Nutrition Decathlon Tool Kit*. We hope you and your students enjoyed participating in the various activities and gained new knowledge about nutrition, health, and exercise along the way. Please complete the evaluation form and return it to the Health Education Council. Your feedback is very important.

Your Name: _____

School Name and Address: _____

City: _____ State: _____ Zip code: _____

Number of participating students: _____ Grade(s) of students: _____

How did you hear about the Tool Kit? _____

Have you used the Tool Kit prior to 2004? _____ If "yes," did you like the improved version of the Tool Kit? _____

Did the Nutrition Decathlon support your curriculum? Yes No

Please explain: _____

What was your favorite part of the Decathlon? _____

Were the stations easy to set-up? _____

Are there any activities, props or stations you would change or add to the Tool Kit?

Additional comments/feedback: _____

Please mail or fax completed form to:

Health Education Council
Attn: *5 a Day—Power Play!*
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Fax: (916) 446-0427