

Ever Taste A Rainbow?

PROGRAM EVALUATION FORM

CIRCLE THE APPROPRIATE RESPONSE.

AGREE DISAGREE

The program:

Encouraged audience participation/promoted discussion.....	1	2	3	4
Generated interest in fruits and veggies.....	1	2	3	4
Motivated children to "Eat A Rainbow" of fruits and veggies.....	1	2	3	4

The handouts:

Complemented the program.....	1	2	3	4
Were stimulating.....	1	2	3	4
Were age appropriate.....	1	2	3	4

I will conduct this program again.....	1	2	3	4
I will recommend this program to others.....	1	2	3	4

Return completed forms to:
 Office of Health Promotion
 Bergen County Dept. of Health Services
 327 East Ridgewood Avenue
 Paramus, NJ 07652-4895

 Telephone: 201-634-2600
 Fax: 201-986-1068

COMMENTS:

Title of Book Read: _____ Author: _____

Date of Program: _____ Setting: _____

Program Facilitator: _____ Title: _____

Telephone: _____ E-mail: _____

Ever Taste A Rainbow?

Did you like this story hour?



YES



NO

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Will you eat more fruits and vegetables to taste a rainbow of colors?



YES



NO

- CARE GIVER:**
1. Did you find this program informative?
 2. Will you encourage your child to eat more fruits and vegetables as a result of this program?
 3. This program is terrific just the way it is.

Yes

No

Yes

No

Yes

No, it can be improved by:
