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START STRONG: Ready, Set, Cook 28

Start Strong Session Feedback

1. Training Date: _____

2. Instructor Name: _____

3. Which training did you attend today?

X

Ready, Set, Cook Quick Meal Ideas

Savor the Flavor Exploring New Choices

4. Please check the box that best describes your experience with the Start Strong session you attended.

disagree Strongly Somewhat disagree

agree disagree Neither nor Somewhat agree Strongly agree applicable Not The instructor was organized and well prepared

The instructor demonstrated knowledge of the topic

The instructor made me think in new ways

The materials instructor used quality educational Enough objectives time was allocated to cover training I would recommend this training to others

I would take more Start Strong Trainings, if offered

I intend to make changes in my cooking practices as a result of taking this training

I feel that the training provided me with ideas to better feed the children in my care

I food feel to confident children in in my my ability childcare to provide healthy 5. Additional comments about this Start Strong training: