

POST NUTRITION SURVEY for GRADES 3-5



1) How often do you eat breakfast? (CIRCLE ONE)

Never Sometimes Usually Always

2) How often do you read a food nutrition facts label?

Never Sometimes Usually Always

3) How often do you read a food ingredient list?

Never Sometimes Usually Always

4) How often do you taste something at school that you had not tried before?

Never Once/twice Once in a While Many Times

4a) Give an example: _____

5) Have you ever eaten something at home that you first tried at school? Yes No

5a) Give an example: _____

6) How often do you try to make healthy food choices?

Never Sometimes Usually Always

7) How often do you eat vegetables?

Never Sometimes Usually Always

8) How often do you eat fruit?

Never Sometimes Usually Always

9) Please circle the item that is closest to the source and least processed:

Applesauce Apple Juice Apple Apple Jacks

10) How often do you talk to your parents about what you learned in GrowingGreat?

Never Sometimes Usually Always

11) What is the most important thing you learned in GrowingGreat this year?

School _____

Grade _____ Teacher _____

PARENT NUTRITION LESSON SURVEY



Has your child told you about the nutrition lessons in school? Yes No

Does your child bring home the family nutrition flyer? Yes No

Is your child interested in eating new foods he/she has tried at school? Yes No

Have you noticed any changes in what your child likes to eat? Yes No

If so, please describe:

Does your child pay more attention than before to the ingredients in food? Yes No

Over the past year, have you noticed a positive change in your child's attitude toward...

Vegetables? Yes No

Fruit? Yes No

Trying new foods? Yes No

School in general? Yes No

Additional comments or suggestions about the school nutrition lessons are welcome:

School _____

Student's Grade Level _____ Student's Teacher _____

Name (optional) _____

TEACHER NUTRITION LESSON SURVEY



Have your students responded positively to the GrowingGreat nutrition curriculum? Yes No
Have you used the GrowingGreat supplemental teacher materials? Yes No
Have you integrated nutrition lesson material into other classroom lessons? Yes No

If YES...

How often? (CIRCLE ONE)

Once or twice

A few times

Several times

What types of lessons have you integrated with nutrition material? (CIRCLE AS MANY AS APPLY)

Math

Science

Language Arts

Social Studies

Other (Specify: _____)

Are the nutrition lessons appropriately timed within your class schedule? Yes No
Is the content of the nutrition lessons appropriate for the students' age? Yes No
Have you observed your students making healthier food choices? Yes No
Have you noticed improvements in your students' behavior or your classroom environment after participating in the nutrition lessons? Yes No

If so, please describe:

Additional comments or suggestions about the classroom nutrition lessons are welcome:

School _____

Student's Grade Level _____ Name (optional) _____