



# Food & Physical Activity

## Participant Survey (FY25)



How old are you? \_\_\_\_\_

**CIRCLE THE BEST ANSWER.**

1. Did you **learn anything new** in the lessons?



NO



YES

2. Did you **understand** what the teacher talked about?



NO



YES

3. Do you eat more **fruits and vegetables**?



NO



YES



4. Are you doing more **physical activity**?



NO



YES

5. Were the lessons **fun**?



NO



YES