



Taste. Move. Learn.*

Participant Survey



How old are you? _____

CIRCLE THE BEST ANSWER.

1. Did you **learn anything new** in this program?



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



3. Do you eat more **fruits and veggies** because of the program?



Examples:



4. Do you do more **physical activity** or exercise because of the program?



Examples:



5. Was the program fun?

