



Please print clearly

<b>Date:</b>	Name: _____	Provider #: _____ <small>(if applicable)</small>
	Center Name: _____	Center #: _____ <small>(3 digits)</small>
	Address: _____	
	City: _____	State: _____ Zip: _____

*Please fill out the test by hand.*

1. What was the name of the activity you completed with your children?

\_\_\_\_\_

2. What food item did you and the children actually prepare?

\_\_\_\_\_

3. Which of the SIX BASIC NUTRIENTS does this food represent?

\_\_\_\_\_

4. Give the data on which your menu plans show this food item being used on our food program.

\_\_\_\_\_

5. What other foods did you serve to balance the snack or meal service?

\_\_\_\_\_

6. How would you characterize the children's response to the activity?  
*(IE: Were they excited? What questions did they ask? How did they react? Was it fun? Etc.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



7. How involved were the children in the actual food preparation? What did they do?

\_\_\_\_\_

8. Do you feel that their involvement level has an influence on whether or not they enjoyed the experience?

YES or NO

Please explain your answer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. What nutritional concept did you discuss with the children?

\_\_\_\_\_

10. What comments did the children make concerning the activity they completed, the food they prepared and ate, or the nutrition concepts you discussed?

\_\_\_\_\_

11. What do you think the children learned from this experience? *(Please be specific)*

\_\_\_\_\_

By signing and dating this form, you are agreeing that you have filled out this test to the best of your ability.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

*Do not write below this line*

DATE CREDIT IS ASSIGNED

PROGRAM REPRESENTATIVE

CREDIT HOURS