

PROGRAM SUMMARY AND PARTICIPANT FEEDBACK



Thank you for being a YTC program leader. On the final day of your series, we request that you leave 5 minutes to complete Part 1 of the form below and then chat with your participants for 10 to 15 minutes to complete Part 2 below. The purpose of Part 1 is to give us an idea of how leaders are using the program and the purpose of Part 2 is to help us gauge participant satisfaction with the YTC program, and to assess whether the program is achieving its objectives. It is not intended to evaluate your facilitation skills.

Thank you in advance for recording your feedback below. Upon completion, you can submit the form in one of the following ways:

- Scan and email the completed form to: healthyeating@swpublichealth.ca
- Type and email the completed form to: healthyeating@swpublichealth.ca
- Mail the completed form to one of the below addresses:

Southwestern Public Health
St. Thomas Site
1230 Talbot St.
St. Thomas, ON
N5P 1G9
Attention: Registered Dietitian

Southwestern Public Health
Woodstock Site
410 Buller St.
Woodstock, ON
N4S 4N2
Attention: Registered Dietitian

PART 1:

Program Location: _____ Program Dates: _____

Program Target Audience (e.g. school children): _____

Number of Participants: _____

Please give a brief description of your “You’re the Chef” series:



PART 2:

Take 10 to 15 minutes at the end of your series to ask your participants the following questions:

Total # of participants being surveyed: _____

1) What did you like most about the program? Record all responses.

2) What did you like least about the program? Record all responses.

3) What was your favourite recipe(s) and why? Record all responses.



PARTICIPANT FEEDBACK Continued...

4) What was your least favourite recipe(s) and why? Record all responses.

5) Have you tried or are you planning to try any of the recipes you learned at “You’re the Chef” at home? (*Note: ask for a show of hands how many have or plan on trying one of the recipes at home and the number who have no intention of trying any of the recipes at home*). Record the yes/no/did not answer responses:

who said yes: _____ # who said no: _____ # no answer: _____

If yes, which one(s)? Record all responses.

If no, why not? Record all responses.

PARTICIPANT FEEDBACK Continued...

6) How much space on your plate should be filled with vegetables and fruit? (*Note: ask for a show of hands how many think the answer is a, b or c and record the number of responses for each in the brackets*).

a) $\frac{1}{4}$ (_____)

b) $\frac{1}{2}$ (_____)

c) $\frac{3}{4}$ (_____)

no answer: _____

7) What was your main learning? Record all responses.

8) What there something that you would have liked to learn but wasn't included in the program? Record all responses.

PARTICIPANT FEEDBACK Continued...

- 9) Would you recommend this program to a friend or family member? (*Note: ask for a show of hands how many would recommend the program and how many would not recommend the program.*). Record the yes/no/no answer responses:

who said yes: _____ # who said no: _____ # no answer: _____

If yes, why would you recommend it? Record all responses.
