

School:	
Date:	
Your relationship to child: (e.g. mother, father, grandmother, carer, etc)	

1. On a scale of 1 to 5, where 1 means strongly disagree and 5 means strongly agree, please rate your feelings about today's workshop.

	Strongly disagree	—————→			Strongly agree
	1	2	3	4	5
The information was useful					
The information was easy to understand					
The workshop was well organised					
The presenters were well informed					
I had a chance to take part in all activities					
I enjoyed the session					

2. Do you think you will make any changes to your child and family's diet following the workshop? YES NO

Please comment:

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3. Is there anything additional you would have liked to have been in the workshop?

Please comment:

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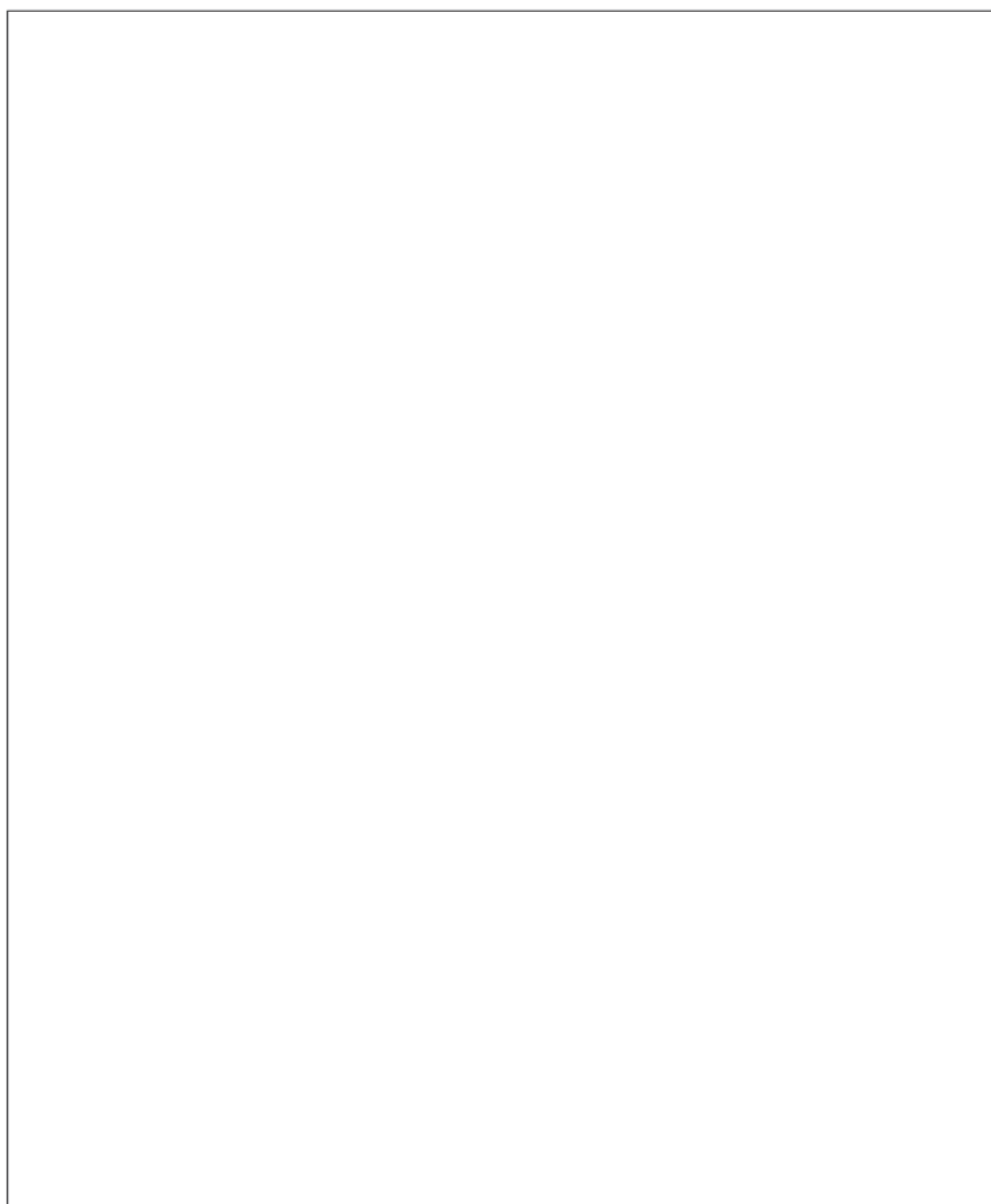
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Please turn over

4. Do you have any other comments about today's workshop?

A large, empty rectangular box with a thin black border, intended for participants to write their comments about the workshop.

- THANK YOU -
