



Participant Activity Evaluation

Activity: _____ Date: _____

Please circle your response:

	Yes	Somewhat	No
I enjoyed the activity			
I learned something new			
I would like to do this activity again next year			

What did you like most about the activity?

What healthy things do you plan on doing after participating in this activity?

What did you learn from the activity?

What would you change about the activity?

Thank you for your participation!