

All About Local Food! A Workshop Series Evaluation Form

Facilitator Evaluation: Grade level _____ Date of workshop _____.

1) What is the general interest by your group: High ____ Med ____ Low ____

2) Was this exercise valuable in meeting your curriculum goals? In other ways?

3) What would you change?

Participants Evaluation: Ask the group these questions and record the answers.

4) What would you like to change about this exercise?

5) What other food security topics would you find interesting to study from this series?

Comments:

PLEASE FAX THIS EVALUATION TO 675-3253 - PROJECT MANAGER,
THE FOODSHED PROJECT, CARE OF THE SOCIAL PLANNING COUNCIL
OR CALL 675-3894 FOR MORE INFORMATION.