MEAL SITE COORDINATOR FOUNDATIONS
PARTICIPANT FEEDBACK

> Your opinion is important! It assists us in improving this training. Please provide your feedback regarding your learning experience.

Facilitator:

Session Location: **Date:**

Name (optional):   **Job Role (Admin, kitchen, volunteer, HDM etc.)**

INSTRUCTIONS: Circle the answer that indicates your level of agreement or disagreement as follows:
Strongly Disagree = 1, Disagree=2, Agree=3, and Strongly Agree=4. Please explain in the section labeled comments any ratings of 1 or 2.
If the question is not applicable, then circle **NA**.

1. FACILITATOR	Strongly Disagree	Disagree	Agree	Strongly Agree	NA
a. The instructor showed a thorough knowledge of the topic.	1	2	3	4	NA
b. The instructor communicated the information in a way that could be easily understood.	1	2	3	4	NA
c. The instructor gave precise instructions concerning in-class activities.	1	2	3	4	NA
d. The instructor encouraged participation.	1	2	3	4	NA
e. Participant questions were answered in a professional manner.	1	2	3	4	NA
2. CONTENT					
a. The content was presented at the right pace.	1	2	3	4	NA
b. The session was engaging.	1	2	3	4	NA
3. SAFETY RELEVANCE					
a. Session related the topic to job performance.	1	2	3	4	NA
b. Session explained the "why" and ""what", not just the "how" to perform job tasks.	1	2	3	4	NA
c. Required activities (techniques, and/or procedures) were clearly identified.	1	2	3	4	NA
d. Specific forms were clearly identified.	1	2	3	4	NA
e. Demonstrations and activities (if provided) were helpful..	1	2	3	4	NA

4. MATERIALS & MEDIA						
a.	The materials complimented the session content and enhanced learning.	1	2	3	4	NA
b.	The Participant Handout summarized the content and provided a job-aid for after the session.	1	2	3	4	NA
c.	The demonstrations provided valuable visual examples of procedures	1	2	3	4	NA
d.	The activity (if utilized) provided an opportunity to summarize important session information.					
5. PARTICIPANT: (Circle the answer that best describes your knowledge level.)						
a.	My knowledge of the content prior to this session was:	None	Very Little	Average	Above Average	Expert
b.	My knowledge of the content after completing the session is:	None	Very Little	Average	Above Average	Expert

Comments or suggestions for ICOA or the Participant Feedback session:

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Thank you for taking the time to provide your opinion. It is important to us!