

Food Safety Works Program Evaluation/Leader Feedback Form

Dear Food Safety Works Program Leader,
Thank you for assisting us with our program evaluation. We appreciate your time in providing us with this valuable information. Please complete a separate feedback form for each training conducted and return the completed form by FAX to: Mary Schroeder at **970-491-7252** or mail to the address provided at the bottom of this form.

Name and Job Title: _____

Address: _____

Phone/Email: _____

(so we may contact you about any future updates to the program)

How did you find out about the Food Safety Works Program?

- ___ C.S.U. Safefood website
- ___ USDA/FDA food safety education database
- ___ Other: _____

Training Date: _____

Type of Group: _____

(i.e. high school teens, adult nutrition program, 4-H, rehab staff, food workers, etc.)

Organization: _____

(i.e. County Work Force, Cooperative Extension, Health Department, Public School, Nursing home, restaurant,etc.)

Number of Participants: _____ Youth (< age 18) _____ Adult (age 18 and >)

Training Session

Training Length: _____ 1 hr. _____ 2 hr. _____ 3 hr. _____ 4 hr.

Break (if any): _____

Appropriateness of Training Length: ___ Too short ___ Just right ___ Too long

Comments: _____

Training Materials Used Check all that apply. Please include any useful comments.

___ PowerPoint Presentation: _____

___ Overhead Transparencies: _____

___ Food Safety Works Participant Handbook (If other, please list): _____

___ Video (title): _____

___ Glo-Germ Demo: _____

___ Bacterial Growth/4-Hour Rule Demo _____

___ Matching Temperatures Worksheet: _____

___ Thermometer Calibration Demo: _____

___ Load the Refrigerator Activity _____

___ White Powders Labeling Activity: _____

___ Food Safety Showdown Game: _____

___ Other Activities (please list): _____

