



## TEACHER FEEDBACK FORM

Your feedback is important to us. Please take a moment to answer the following questions. Use the back if additional space is required.

1.	Do you believe the students understood and were engaged by the presentation? Why/why not?
2.	Do you think the hazard identification activity was an effective way to gauge the students' knowledge of kitchen hazards? Why/Why not?
3.	Is there anything you would you like to see added to this session?
4.	Is there anything you would you like to see removed from this session?
5.	What component(s) of the session do you think had the most impact on the students?
6.	Would you recommend this session to your colleagues?
7.	Do you have any suggestions or recommendations to improve the session?

Date of Presentation: \_\_\_\_\_

School: \_\_\_\_\_

Teacher: \_\_\_\_\_

**THANK YOU!**