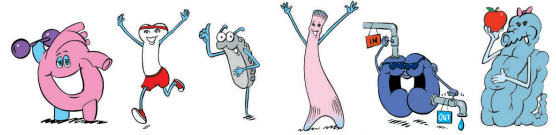




**Educator Survey for  
The OrganWise Guys Curriculum**



This portion to be filled out by Nutrition Educator:	Date: _____
Educator: _____	School: _____
Classroom Teacher: _____	Grade Level: _____

Question 1. Are there changes in students' food choices or other behaviors after this nutrition and health education program? These changes may be based on your observation or others. If yes, please list:

	About what percent of your class has made these?

Question 2. Have your own food choices or other behaviors changed since you began teaching this nutrition and health education program? If yes, list the changes, and if you talk about/model these changes with students.

	Do you model this change in front of your students?

**Please answer the following questions:**

- |   |                      |
|---|----------------------|
| Did The OrganWise Guys relay nutrition/health in a format your students understood? | <b>Yes</b> <b>No</b> |
| Were the materials easy for you to integrate into your objectives?                  | <b>Yes</b> <b>No</b> |
| Would you recommend this program to other educators?                                | <b>Yes</b> <b>No</b> |
| Would you be interested in having this program again next year?                     | <b>Yes</b> <b>No</b> |

**Do you have any suggestions or comments?** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(For additional comments please use back of sheet)