

For questions about the survey
please contact:

TNCEP
UT Extension – Knox County
400 West Main, Suite 560
Knoxville, TN 37902
865-215-2340



Tennessee Department of Human
Services and Food and Nutrition Service, USDA

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Survey



Tennessee Nutrition and Consumer
Education Program

Name:_____

School:_____

Grade:_____

Number of Students:_____

Please complete the following survey to let us know what kind of impact TNCEP is having on your students. **Please indicate the number of students who have made a change in behavior as a result of TNCEP.** A simple show of hands is sufficient to gather the numbers we need.

For example: “We’ve been learning about fruits and vegetables. How many are eating more vegetables *because* of these lessons?”

Simply indicate the **number** of students who are practicing these behaviors as a result of TNCEP classes. You may not have covered all of the topics so focus on the ones your students have been learning about.

How many of your students now:

1.) Select a diet based on the Dietary Guidelines?_____

2.) Eat more fruits?_____

3.) Eat more vegetables?_____

4.) Consume more dairy foods? _____

5.) Consume fewer high-fat foods such as chips, cookies, fried foods, sausage, bacon, bologna, hot dogs, etc.? _____

6.) Have increased their level of physical activity? _____

7.) More often wash their hands with soap and warm running water before eating? _____

8.) Have improved food preparation skills? _____

Other:

Other:

How has TNCEP helped you to teach your students about healthy eating?

Who was your primary contact with TNCEP? Briefly describe your experience with this person.

How can we improve our program?

Do you plan to participate during the next school year?

Other comments:

Thank you for completing our survey.