Mission Nutrition Participant Evaluation

Instructor’s Name: ____________________________ Date(s): ______________________

Please rate each item on the 1 to 5 scale, where 1 is the lowest rating and 5 is the highest.

The instructor was knowledgeable about the topics 1 2 3 4 5
The instructor focused on the application of concepts 1 2 3 4 5
Participation and interaction were encouraged 1 2 3 4 5
The time allotted for the training was sufficient 1 2 3 4 5
Overall rating for the instructor 1 2 3 4 5

Which of the following topic(s), if any, will be the MOST beneficial to you?

___ Disease Risks
___ Basic Nutrition and Weight Control
___ NOFFS- Meal builder
___ Emotional and Mindless Eating
___ Fad Diets, Hot Topics, Myths & Labeling
___ Shopping, Meal Planning, and Eating Out
___ Dietary Supplement Information
___ Tactical Performance Nutrition

Which of the following topic(s), if any, will be the LEAST beneficial to you?

___ Disease Risks
___ Basic Nutrition and Weight Control
___ NOFFS- Meal builder
___ Emotional and Mindless Eating
___ Fad Diets, Hot Topics, Myths & Labeling
___ Shopping, Meal Planning, and Eating Out
___ Dietary Supplement Information
___ Tactical Performance Nutrition

1. What did you like most about this course?
_______________________________________________________________________________________

2. What additions or omissions would you recommend for this course?
_______________________________________________________________________________________

3. What aspects of the course could be improved?
_______________________________________________________________________________________

4. How do you hope to change your practice/habits as a result of this course?
_______________________________________________________________________________________

Comments or Testimonials:
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

OPTIONAL: Name: ____________________________ Email: ____________________________

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_______________________________________________________________________________________

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OPTIONAL: Name: ____________________________ Email: ____________________________