

**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?

- |   |  |
|---|--|
| <input type="checkbox"/> Disease Risks                      | <input type="checkbox"/> Fad Diets, Hot Topics, Myths & Labeling |
| <input type="checkbox"/> Basic Nutrition and Weight Control | <input type="checkbox"/> Shopping, Meal Planning, and Eating Out |
| <input type="checkbox"/> NOFFS- Meal builder                | <input type="checkbox"/> Dietary Supplement Information          |
| <input type="checkbox"/> Emotional and Mindless Eating      | <input type="checkbox"/> Tactical Performance Nutrition          |

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

- |   |  |
|---|--|
| <input type="checkbox"/> Disease Risks                      | <input type="checkbox"/> Fad Diets, Hot Topics, Myths & Labeling |
| <input type="checkbox"/> Basic Nutrition and Weight Control | <input type="checkbox"/> Shopping, Meal Planning, and Eating Out |
| <input type="checkbox"/> NOFFS- Meal builder                | <input type="checkbox"/> Dietary Supplement Information          |
| <input type="checkbox"/> Emotional and Mindless Eating      | <input type="checkbox"/> 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: \_\_\_\_\_)