

**AAS: Evaluation Form for Staff/Volunteer In-Services
Nutrition Program Center_____**

Date of In-service:_____

Please take a minute to give us your feedback about this in-service. Thank you!

1. This is the first time I have learned about this topic.

Yes No

2. I learned something new today.

Yes No

If your answer is yes, please state something that you learned:

3. I believe I will be able to use this information in my job at the center.

Yes No

4. I would like to learn more about the following topics:
