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:

   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________