

## Participant LS2 Feedback Form

### Learning Session 2: What is Our Role in Making Healthy Changes?

Date: \_\_\_\_\_ Learning Session Location: \_\_\_\_\_

Please answer the following questions. There is no right or wrong answer to any of these questions.

1. What I liked best about this session...
  
2. What improvements could be made?
  
3. A light bulb went on in my brain when...
  
4. As an early childhood leader, my greatest challenge at the moment is...
  
5. I still want to know more about...
  
6. I feel confident that I can share information with my staff to help them understand, implement, and role model best practices for healthy eating, family-style dining and breastfeeding support in our program.  
 Yes     No
  
7. I feel confident that I can use the materials from today's training to develop our Pilot Action Plan for healthy change in our program.  
 Yes     No
  
8. Anything else you would like us to know?

9. Program Site Name: \_\_\_\_\_

12. Enrollment ID: \_\_\_\_\_

10. Program City: \_\_\_\_\_

13. Your Birth **MONTH**: \_\_\_\_\_

11. Program State: \_\_\_\_\_

14. Your Birth **DAY**: \_\_\_\_\_