

Evaluation

Making It Balance and Kickin' It Up

Please help us make this resource better in the future. After you have used this guide, please take a minute to fill out this evaluation form. Your input is important to us. Thank you for your time and suggestions.

1. **What type of childcare provider are you? (Circle one)**
 - a. Childcare Center
 - b. Family or Group Childcare Provider
2. **Please tell us how you used this guide.**
3. **Please rate the usefulness of the guide: (Circle one)**
(not very useful) 1 2 3 4 5 (very useful)
4. **What sections did you find the most helpful?**
5. **Did the information in this guide help you make any changes to your menus? If so, what changes did you make?**
6. **Were the recipes appropriate and appealing? (Circle one) Yes No**
7. **Please note any comments regarding the recipes.**
8. **Is there anything that the Montana Child and Adult Care Food Program and Montana Team Nutrition can do to further support your efforts to serve healthy meals in childcare settings?**
9. **Additional comments:**

Thank you for your feedback!

Please fax or mail completed forms to:

Montana Team Nutrition Program, Montana State University

Fax: (406) 994-7300

Mailing Address: 202 Romney Gym, PO Box 173360, Bozeman, MT 59717

Phone 406-994-5641, Fax 406-994-7300

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MONTANA STATE UNIVERSITY
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BOZEMAN, MT 59717-3360