





## Looking for information on future program? **Children's Vegetable Garden Program** http://bexar-tx.tamu.edu/ Bexar County - Youth Evaluation Tool - POST http://www.bexaryouthgardens.com MARKING INSTRUCTIONS CORRECT: INCORRECT: Ø Ø O 2. Have you eaten new vegetables this week? Fill in the BEST answer or answers. O Yes O No Please have your child fill out the evaluation completely. Results are used to determine behavioral changes in nutrition and physical activity during the course of this program. 3. When do I wash my hands? Name: \_\_\_ (Choose the best answer for each picture.) Plot #: School: Before or After You eat . . . Date: \_ 0 0 O 4th Grade: O Kindergarten You work in the garden Before or After O 1st O 5th 0 0 O 2nd O 6th O 3rd O 7th or higher You go to the bathroom Before or After Ο Ο **O** Female Gender: O Male 1. What are fast foods? (select all that apply) 4. A healthy snack choice would be? (select one only) O Big Mac and fries O Apple and a can of pop O Fish swimming in a stream O Potato chips and milk O Fruits and vegetables O Fresh salad and glass of water O Pizza and a pop POST

Please continue on the other side.

