

What's for Breakfast? Meeting the Meal Pattern Requirements for the School Breakfast Program (SBP)

Workshop Evaluation Form

Date Attended: _____

PART 1: Please rate each statement below.

Check one box for each statement.

	Strongly DISAGREE	Disagree	Agree	Strongly AGREE
1. Material was presented in a clear and organized manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The presenters answered all questions clearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The activities were useful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The handouts and materials were useful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The activities helped me understand the information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. This workshop provided information that will help my school/district meet the SBP meal pattern requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 2: For each statement below, first rate how much you agreed with the statement **BEFORE** the workshop and then indicate how much you agree with it **NOW**, after the workshop.

**Circle one answer for BEFORE
and one answer for AFTER.**

Not Applicable

1= Strongly DISAGREE
2 = Disagree
3 = Agree
4= Strongly AGREE

		BEFORE this workshop								NOW, after this workshop			
1. I am confident in my ability to train my staff on the SBP meal pattern and OVS.	NA	1	2	3	4	1	2	3	4	1	2	3	4
2. I am confident in my ability to communicate information about the SBP meal pattern requirements to others, e.g., food service colleagues, school staff, students, families.	NA	1	2	3	4	1	2	3	4	1	2	3	4
3. I understand the breakfast meal pattern requirements for:													
a. the grains component	NA	1	2	3	4	1	2	3	4	1	2	3	4
b. meat/meat alternate substitutions	NA	1	2	3	4	1	2	3	4	1	2	3	4
c. the fruits component	NA	1	2	3	4	1	2	3	4	1	2	3	4
d. vegetable substitutions	NA	1	2	3	4	1	2	3	4	1	2	3	4
e. the milk component	NA	1	2	3	4	1	2	3	4	1	2	3	4
4. I can identify noncreditable foods.	NA	1	2	3	4	1	2	3	4	1	2	3	4
5. I understand the four dietary specifications and can identify resources to implement them.	NA	1	2	3	4	1	2	3	4	1	2	3	4
6. I understand how to implement offer versus serve (OVS) and identify reimbursable meals.	NA	1	2	3	4	1	2	3	4	1	2	3	4

7. Overall, I would rate this workshop as (check one): Poor Fair Good Excellent

8. What information was most useful to you?

9. Comments (Use back if needed):



The Connecticut State Department of Education's (CSDE) **What's for Breakfast** workshop training materials are available on the CSDE's [Meal Pattern Training Materials](#) Web page. This worksheet is available at www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/sbp/wfb/wfbeval.