



To be completed by Pathways staff:

School ID: _____ Form Code: **FC5**
Version: **A** Grade: **5** Seq. #: _____

FIFTH GRADE FAMILY FUN NIGHT

SCHOOL: _____ GRADE: _____ CIRCLE ONE: I'M A **BOY / GIRL**

Evaluation Form for Child Participants (under 16 years old)

Please circle the one picture that shows us how you feel

1. I liked the Family Fun Night.

(= Yes • = No
 ;

2. I liked the low-fat meal at this event.

(= Yes • = No
 ;

3. I had fun at the physical activity booth.

(= Yes • = No
 ;

4. I learned about how to cut the fat in meat.

(= Yes • = No
 ;

5. I had fun at all the different booths.

(= Yes • = No
 ;

6. I would come to another Family Fun Night.

(= Yes • = No
 ;

7. How many booths did you visit tonight? _____

Thank you!

