



To be completed by Pathways staff:

School ID: \_\_\_\_\_ Form Code: **FA5**  
Version: **A** Grade: **5** Seq. #: \_\_\_\_\_

## FIFTH GRADE FAMILY FUN NIGHT

SCHOOL: \_\_\_\_\_

DATE: \_\_\_\_\_

### Evaluation Form for Adult Participants (16 and older)

Circle the word that explains how you feel about each statement, and feel free to write comments.

1. This Family Fun Night was a worthwhile event.

1=**Yes**      2=**No**      3=**Not Sure**

Comments:  
\_\_\_\_\_

2. I liked the low-fat meal provided.

1=**Yes**      2=**No**      3=**Not Sure**

Comments:  
\_\_\_\_\_

3. I found the information about healthy foods useful.

1=**Yes**      2=**No**      3=**Not Sure**

Comments:  
\_\_\_\_\_

4. I learned about cutting the fat in meat.

1=**Yes**      2=**No**      3=**Not Sure**

Comments:  
\_\_\_\_\_

5. I learned about different ways to stay physically active.

1=**Yes**      2=**No**      3=**Not Sure**

Comments:  
\_\_\_\_\_

6. I would attend another Family Activity.

1=**Yes**      2=**No**      3=**Not Sure**

Comments:  
\_\_\_\_\_

7. How many booths did you visit tonight? \_\_\_\_\_

8. What could be done to improve the Family Fun Night?  
\_\_\_\_\_  
\_\_\_\_\_

9. Have you ever attended any other Pathways Family Activities?

1=**Yes**      2=**No**      3=**Not Sure**

10. If so, how many Pathways Family Activities have you attended? \_\_\_\_\_

