



Student Exit Survey

Your grade level (circle one):

K 1 2 3 4 5 6 7 8

1. How do you feel about the ReCharge! Program?	Yes	Kind Of	Not Really
a) The activities are interesting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) The activities are fun.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I learn new things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I tell my friends about the activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How do you feel about the ReCharge! teachers?	Yes	Kind Of	Not Really
a) They know a lot about nutrition and physical activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) They include everyone in the activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) They expect me to try hard to do my best.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) They make the activities fun.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Coming to the ReCharge! program has helped me to:	Yes	Kind Of	Not Really
a) Talk to my parents about healthy eating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Set goals to eat healthy foods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Talk to my parents about getting more physically active.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Set goals to be more physically active.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Work better with other kids to achieve a goal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Because I came to the ReCharge! Program:	Yes	Kind Of	Not Really
a) I eat more fruit most days.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I eat more vegetables most days.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I drink low-fat or fat-free milk most days.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I eat snacks from the Five Food Groups.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I eat less "Other Foods" like candy, soda and chips.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) I eat a healthy breakfast most days.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) I am physically active most days.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>