



*Bringing the joyful adventure of good health to your kitchen!*

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**Cooking Class Evaluation:**

*Thank you for taking the time to fill out this form. I appreciate your honest feedback about your experience. The information you provide helps me to continue to bring you the educational opportunities that are the most valuable to you!*

***What was your favorite dish and why?***

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***Which recipes will you prepare again at home?***

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***Was did you like best about the presentation and class?***

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***What is one change that you will make in mealtime or eating habits?***

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***Any feedback, recommendations or suggestions for future classes?*** \_\_\_\_\_

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***Name:*** \_\_\_\_\_

***Address:*** \_\_\_\_\_

***Email address:*** \_\_\_\_\_

***Phone # to best reach you*** \_\_\_\_\_

***Are you interested in a free health consultation?*** \_\_\_\_\_

***Would you like to receive information about future cooking classes, events and workshops?*** \_\_\_\_\_

***Would you like to receive my free e-newsletter?*** \_\_\_\_\_

***How did you hear about today's class?*** \_\_\_\_\_

***May I use information on this form as a testimonial in my marketing materials?*** \_\_\_ yes \_\_\_ no