

Washington State Snap-Ed Curriculum Fidelity for Continuous Improvement

Lesson Assessment Tool for — Food Smarts Workshop: Adult 6 week, 90 minutes—*Week 1 – Setting the Stage for Healthy Choices*

☐ Educator Self-Assessment ☐ Supervisor Assessment ☐ Fidelity Team Assessment

Educator(s) Name (s): _____ Sub-Contractor: _____

Region: _____ County: _____ Date of Lesson: _____

Start Time: _____ End Time: _____

Program Setting (classroom/grade, food bank, clinic etc.): _____

Your review about this session is important. Your description of how the lesson was taught, in relation to the written curriculum, will help us strengthen our program. Please consider each part of the lesson below and indicate if you presented it using yes or no in the space provided. If no, details about why and how you adapted the lesson are important to continuous program improvement. Please complete the assessment tool by the end of the next working day from when lesson was taught.

	Completed as Written <i>Yes or No</i>		If adaptations were made or activity was not done, please describe what was changed and why. <i>Please be as specific as possible.</i>
Taste Test and Introductions	Yes	No	Comments and/or Changes
Welcome participants. <ul style="list-style-type: none">• Introduce yourself and your program.• Attendance			
If directed by your supervisor, conduct an approved adult pre-test or Pre-Workshop Survey.			
Ask welcome question: <ul style="list-style-type: none">• What do you want to learn from this class?			
Taste Test At the beginning of the class, provide bite-sized sample portions of your taste test item (<i>See Taste Test Combination Suggestions p. 120</i>).			
Ask participants to eat slowly and not comment on the food immediately, but rather observe it using their senses: <ul style="list-style-type: none">• Sight: What color is the food? Does it look appealing? Can you tell what it is?• Smell: What does it smell like?• Touch: What is the temperature like? Is the food soft or hard? Wet or dry?• Sound: Does it make a sound when you eat it?• Taste: Does it remind you of any other foods? How would you describe the taste? Does the taste change as it's in your mouth?			

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Once everyone has had a chance to try the item, invite students to share their observations.			
Additional information: <ul style="list-style-type: none"> • Spring: greens: spinach, chard, dandelion, different varieties of lettuce, asparagus • Summer: berries: strawberries, raspberries, blackberries, blueberries, gooseberries, tomatoes, corn, cherries. • Fall: pumpkin, squashes, apples, pears, grapes • Winter: citrus fruits: clementine's, mandarins, Satsuma's, persimmons: fuyu and ripe hachiya, pomegranates, berries: strawberries, raspberries, blackberries, blueberries, gooseberries, tomatoes, corn, cherries. • Year-round: milks: skim, low-fat, whole, soy, rice, and almond beverages, nuts: raw almonds, cashews. 			
Time Goal: 15 minutes			
Topic 1			
Pick one of the following			
Option 1: Exploring Food History	Yes	No	Comments and/or Changes
Outcomes: <ul style="list-style-type: none"> • Students relax and talk about food and its connection to other parts of their lives. • Students begin the workshop by sharing, instead of listen to a presentation. 			
Break students into groups or 2-3 and have them discuss questions on the slide. <ul style="list-style-type: none"> • Walk around during discussions and listen to what others are saying. Only comment if a group is having trouble starting. • Consider suggesting questions if members are uncomfortable talking about their past. 			
Have participants consider the questions on workbook p. 6 on their own or in groups: <ul style="list-style-type: none"> • Which foods do you associate with your childhood? <ul style="list-style-type: none"> ○ Are these foods everyday meals or meals served on special occasions? ○ Do you make any of these meals for yourself now? • Who taught you about cooking, diet, and nutrition? Who have you taught about cooking, diet, and nutrition? 			

	Completed as Written <i>Yes or No</i>		If adaptations were made or activity was not done, please describe what was changed and why. <i>Please be as specific as possible.</i>
<ul style="list-style-type: none"> • What are your comfort foods? What foods do you crave when you are tired, cold, or sick? • What are your favorite foods to eat? • What are some reasons people eat? • Why do you eat? Have these reasons changed over the course of your lifetime? • Do you trust grocery stores, restaurants, and advertisements with regard to the information they give you about foods? • What information would you like to learn from this class? 			
End the activity by summarizing what you've heard, or asking students to comment.			
Option 2: Feeding Our Families	Yes	No	Comments and/or Changes
<p>Outcomes:</p> <ul style="list-style-type: none"> • Students identify the challenges of providing healthy meals for themselves and their family. <i>Note: rephrase questions to refer to "you" or "yourself" if students are non-parenting.</i> • Students integrate the idea of healthy nutrition into other area of their and their family's lives. 			
<p>Use questions on workbook p. 7 and answer in pairs.</p> <p>Discussion Questions:</p> <ul style="list-style-type: none"> • What are the most challenging aspects of feeding your family healthy meals? • What are the biggest concerns about you/your children's eating habits? • What are your mealtime rituals? • What prevents your family from eating together? • Does your family plan meals out in advance? Who does the planning? • How frequently do you eat take-out or fast food? Home-cooked meals? • Do you prohibit your children from eating certain foods? • How do you encourage your children to eat? • Do certain foods give you more energy? • What foods are your "comfort foods"? 			
<p>Open-Ended Discussion Questions:</p> <ul style="list-style-type: none"> • What are/have been/will be the most challenging aspects of feeding your family healthy meals? • What are the biggest concerns about your children's eating habits? 			

	Completed as Written <i>Yes or No</i>		If adaptations were made or activity was not done, please describe what was changed and why. <i>Please be as specific as possible.</i>
<ul style="list-style-type: none"> Who taught you about nutrition and cooking? In what ways do you notice that what you eat affects how you feel during the day? How your children act during the day? 			
<p>Specific Questions (Note; some of these questions may or may not be appropriate/ applicable for your participants):</p> <p><i>Family Meals</i></p> <ul style="list-style-type: none"> Describe how your family eats. Do you eat together? How frequently? Are there regular meal times? Do people watch TV or use phones during meals? What are things that prevent your family from eating together? <p><i>Meal Planning</i></p> <ul style="list-style-type: none"> Does your family plan meals out in advance? Who does the planning? How frequently do you eat take-out or fast foods? Home-cooked meals? Does your family have any weekly dinner routines, such as eating the same type of meal on a specific day every week? <p><i>Kids and Food</i></p> <ul style="list-style-type: none"> What words would you use to describe your children's eating habits: picky, adventurous, limited, etc.? Do you prohibit your children from eating certain foods? How do you encourage your children to eat? Bribes, punishments, nagging, setting a good example, etc. Do you find feeding your children stressful? <p><i>Eating and Energy, Concentration, and Sleep</i></p> <ul style="list-style-type: none"> Do certain foods give you more energy? What foods are your "comfort foods" What is your typical breakfast? Do you have trouble concentrating or staying awake during the day? 			
Time Goal: 15 minutes			
Topic 2 - Your Nutrition Goals	Yes	No	Comments and/or Changes
<p>Outcomes:</p> <ul style="list-style-type: none"> Students create three SMART goals. Students identify SMART goals, and improve vague goals. 			
<ul style="list-style-type: none"> Have students follow workbook p 9-11 directions to imagine their healthy futures. They can make notes in the workbook. 			

	Completed as Written <i>Yes or No</i>		If adaptations were made or activity was not done, please describe what was changed and why. <i>Please be as specific as possible.</i>
<p>Explain “SMART” goals and work with class to find examples.</p> <ul style="list-style-type: none"> • Help each individual create at least one SMART goal they will try to achieve during the course of the workshop. Use back of goal tracker for examples. • Record each student’s goal on the goal tracking worksheet and follow up each week. 			
Time Goal: 20 minutes			
Topic 3 <i>***Pick one of the following***</i>	Yes	No	Comments and/or Changes
Option 1: Kitchen Safety Review	Yes	No	Comments and/or Changes
<p>Outcomes:</p> <ul style="list-style-type: none"> • Students learn the basics of kitchen safety. 			
<p>Ask students:</p> <ul style="list-style-type: none"> • Why is it important to practice good food safety? • Have a facilitated discussion using workbook p. 24 			
Option 2: How to Read a Recipe	Yes	No	Comments and/or Changes
<p>Outcomes:</p> <ul style="list-style-type: none"> • Students identify the parts of a recipe. • Students are able to double a recipe. • Students identify ingredients that may be swapped for others in some recipes. 			
<p><i>Reading the recipe</i></p> <ul style="list-style-type: none"> • Review workbook p. 30 How to Read a Recipe. • Ask, what can go wrong if you don’t read a recipe well? • Use this session’s recipe, or the sample provided, read through the recipe as a class, making note of the title, ingredient list, directions, yield, and other information provided. • Use the Leah’s Pantry recipe booklet or EatFresh.org, have each student select a recipe, and go around the class asking students about the parts of their recipes. • You can also ask students to interview each other about their recipes. • Explain that the recipe is like a map, and that it is helpful to read the entire recipe before beginning, so you know where to go! 			
<p><i>Doubling the Recipe</i></p> <ul style="list-style-type: none"> • Ask students to double the recipe. Have students figure out the measurements needed to double the yield. 			

	Completed as Written <i>Yes or No</i>		If adaptations were made or activity was not done, please describe what was changed and why. <i>Please be as specific as possible.</i>
Ingredient Swaps <ul style="list-style-type: none"> Explain that sometimes ingredients can be switched, and that these tricks can be helpful in a pinch or to make a recipe healthier. Review a few basic ingredient swaps. 			
Time Goal: 10 minutes			
Recipe Demonstration or Activity	Yes	No	Comments and/or Changes
Conduct food demonstration or activity using lesson appropriate recipe. <i>*Record recipe used in comment section.</i>			
Ask closing question: <ul style="list-style-type: none"> What is on a healthy plate? 			
Time Goal: 30 minutes			
Materials and Supplies	Yes	No	Comments and/or Changes
Used Materials and supplies -Visual Aids -Posters -Teaching Supplies -Optional: Used additional handouts from list on p. 32. Write title in comment section.			

Please respond to the following questions. It's important we know the successes and challenges of the lessons you teach.

1. What went well?
2. What challenges did you have?
3. What timing issues did you face?
4. Other (Please add any other remarks or feedback you have)

Please contact Maggie Grate at maggie.grate@WSU.edu or at 253-445-4529 if you have any questions about the completion of this form.