

## Culinary Skills Training Outcomes

Please rate your agreement with the following statements:

Culinary Skills	Strongly disagree	Disagree	Slightly disagree	Neutral	Slightly agree	Agree	Strongly agree
<b>As a result of this program, I know how to:</b>							
Operate equipment in the kitchen.	1	2	3	4	5	6	7
Plan menus.	1	2	3	4	5	6	7
Prepare and cook various dishes/foods.	1	2	3	4	5	6	7
Present and plate a meal.	1	2	3	4	5	6	7
Follow food handling and health and safety measures in the kitchen.	1	2	3	4	5	6	7
Work as part of a team.	1	2	3	4	5	6	7

How do you expect to use the skills you learned in this program – please check all that apply:

- job placement
- further training
- volunteer work
- cooking for self & family
- other \_\_\_\_\_



## Show & Tell Your Story

### Instructions

- 1) **Caption.** On the card provided, write a brief explanation of what you learned and why it matters. Write in big letters!
- 2) **Photograph.** What image could represent the most important thing you learned in this program? Take a photo and include your caption card in the photo.

Don't include your name on the caption card and remember to ask before taking photos of people!

### Background and permission

These photos and captions help us evaluate the program to figure out what we can improve and what kind of impact we're having. We will be analysing the content of the photos and captions. If you give us permission, we would also like to share your photo and caption with others, including on our website and through reports and event displays.

Do you give permission for your photo and caption to be shared publicly?

- Yes, please share my photo and caption  
 No thanks, I'd prefer to keep this private\*

\* if you choose not to share your photo, please write "private" on your caption card before taking the photo

Would you like to receive a copy of your Show and Tell photo & caption by email? If so, please provide your email address:

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# Good Food Brampton Program Start: Photo Release Form and Permission for Follow-Up Contact

Program: \_\_\_\_\_ Date: \_\_\_\_\_

## Photo Release

I give Good Food Brampton and program partners permission to use photographs that include me in presentations, exhibits, and written works, as long as they do not identify me by name or through other background information. I do not wish to inspect or approve the way the picture of me is used in the finished product(s) of this program.

Name of person photographed (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Consent of parent or legal guardian if above named individual is a minor (under 16)

As the parent or legal guardian of the minor named above, I consent and agree to the terms outlined regarding the use of photos.

Signature: \_\_\_\_\_ Relationship to minor: \_\_\_\_\_

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## Permission for Follow-Up

*Please check all that apply:*

I give Good Food Brampton permission to contact me in the future:

- To follow-up about program impacts and outcomes.
- To share information and updates about Good Food Brampton.
- To ask for input on community issues.
- Never. I would prefer not to be contacted in the future.

Please get in touch by:

- email: \_\_\_\_\_
- phone: \_\_\_\_\_
- other: \_\_\_\_\_



# Good Food Brampton Evaluation Consent Form

We take our work seriously. Please help us make sure our programs are effective by telling us about your experience in the program and how the program impacted you.

We will use the information from the evaluation to:

- Ensure our services are effective and meeting the needs of our community
- Better understand your needs to help design future programs
- Help government and other funders understand how our agency supports sustainable food systems

This evaluation is voluntary. You may choose not to answer any or all of the questions. Your participation in the program will not be affected by your decision to participate in the evaluation.

Your name or any other identifying information will not be used in any report or shared publicly.

If you have any questions about participating in the evaluation that are not answered here, please ask program staff. You can request a copy of this letter for your own records.

By signing below, you provide consent to participate in the program evaluation.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Consent of parent or legal guardian if above named individual is a minor (under 16)

As the parent or legal guardian of the minor named above, I consent and agree to the terms outlined regarding the use of evaluation data.

Signature: \_\_\_\_\_ Relationship to minor: \_\_\_\_\_

