



BEEF *for the* **Classroom**

Evaluation Form

FACS Teacher Name(s): _____

Name of School: _____

Mailing Address: _____

Date of Beef Lesson in Classroom: _____

List of Beef Cuts Used: _____ Recipe Prepared: _____

List of Ways in Which Beef Was Prepared: _____

Please Indicate Yes or No. In your beef unit did you address:

___ Beef Selection ___ Beef Preparation ___ Beef Storage ___ Beef Nutrition ___ Food Safety

What materials provided by NYBIC were used in your beef unit: _____

_____ Total Number of Classes Participating in Beef Lesson

_____ Total Number of Students Participating in Beef Lesson

As a result of participating in this lesson, how likely do you feel your students are to purchase and prepare beef on their own:

___ Very Likely ___ Somewhat Likely ___ Somewhat Unlikely ___ Very Unlikely

If the New York Beef Industry Council were unable to continue the Beef for the Classroom program, would you still be able to offer an equivalent beef lesson to your students?

___ Yes ___ No

Comments: Please share your experience, comments and suggestions: _____

Please complete on-line. Or mail or fax completed application to:

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New York Beef Council
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