**Food Safety First Principles for Food Handlers**

**Candidate Feedback Form**

Your feedback will be kept confidential and is used for educational purposes only.

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

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

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

On a scale from 1-10, with 10 being the best, please rate your satisfaction with the following:

The design of the course:

1 2 3 4 5 6 7 8 9 10

The content of the course:

1 2 3 4 5 6 7 8 9 10

The instruction of the course:

1 2 3 4 5 6 7 8 9 10

The knowledge you have gained from this course:

1 2 3 4 5 6 7 8 9 10

Please check all that apply to the 40-question course assessment:

☐ Easy to understand ☐ Difficult to understand

☐ Too short ☐ Too long

☐ Questions covered in training ☐ Questions not covered in training

☐ Questions were easy ☐ Questions were hard

Please note any other comments and/or suggestions about the program:

