



Vermont FEED Farm-to-School Needs Assessment

For Office Use:

Name of Lead Applicant _____ Name of School/District _____

Phone _____ Email _____

1. What are the goals of your school's Food/Wellness committee?

2. In table below, please circle the number that best describes each audiences level of awareness, involvement, and support for your committee.

AUDIENCE	Awareness (1= unaware,			Involvement (1= not involved,			Supportive (1=not supportive,		
Students	1	2	3	1	2	3	1	2	3
Parents	1	2	3	1	2	3	1	2	3
Teachers	1	2	3	1	2	3	1	2	3
Food Service	1	2	3	1	2	3	1	2	3
Principal	1	2	3	1	2	3	1	2	3
School Board	1	2	3	1	2	3	1	2	3

3. Wellness Policy will be required by all Vermont school districts by 2006-07. What has your school/district done to address this issue?

4. In a couple brief sentences, please describe the strategies your committee thinks it will use to sustain the above listed goals in your school. (attach extra pages if you need more space)

5. Is there any nutrition/food/wellness curriculum currently being taught in your school? NO YES
If yes, who is teaching them, when and how often, and what topics are being covering?

Instructor _____ Grade(s) Reached _____ Frequency _____
Topics covered _____

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Topics covered _____

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Topics covered _____

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Topics covered _____

Instructor _____ Grade(s) Reached _____ Frequency _____
Topics covered _____

If you need more space, please attach extra pages...

6. Is there any agriculture/farming/gardening lessons currently being taught in your school? NO YES
If yes, who is teaching them, when and how often and what topics are being covered?

Instructor _____ Grade(s) Reached _____ Frequency _____
Topics covered _____

Instructor _____ Grade(s) Reached _____ Frequency _____
Topics covered _____

Instructor _____ Grade(s) Reached _____ Frequency _____
Topics covered _____

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Topics covered _____

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Topics covered _____

If you need more space, please attach extra pages...

7. Do any classes currently visit local farms/gardens/food producers off school grounds? ___NO ___YES

8. Where do they go? Please list the farms and gardens being used, how they are used, and who is leading these experiences.

9. Does your school have school gardens onsite? ___NO ___YES.
If yes, who is the lead contact for the garden? (name and contact information

Name _____ Phone/Email _____

10: What is the purpose of the gardens? (classes, summer program, cafeteria, etc....)

11. Are there any other health or agriculture programs in place that we should be aware of?
If yes, please describe them ...

12. Who is your food service contract with? (Independent, In-house, food management co., etc...)

13. Who makes the decisions about food purchasing and menu planning?

14. Are any foods currently being purchased locally? ___ NO ___ YES
If yes, fill in table below.

PRODUCT	WHEN	FROM WHERE	HOW USED (salad bar, frozen, taste tests, etc...)
carrots	when available	Black river produce	finger food and soup
Lettuce and tomatoes	September	Tom at Fiver Farm, Barre VT	Sandwich bar

15. Are your food service staff interested in buying more local produce? ___ NO ___ YES
Why or why not?

16. Are there any special promotions/events offered through your food service? ___ NO ___ YES
If yes, please list them. (ex: "nutrition education week", "5-a-day", "International Food Day", etc...)

17. How are these promotions and events advertised?

- School Newsletter
- Morning Announcements
- Online School Menu
- Mail home announcements
- Monthly Menu
- Other _____

18. Has your school tried any changes in the school food program in the past 2 years? ___ NO ___ YES
If Yes, please describe the changes and how well they were received.

19. Please describe the relationship between the food service staff and the teaching staff? Is there currently any coordination?

20. Do students currently have input into the school food program,? ___ NO ___ YES
If yes, what method of input? (surveys, conversation, student forum,, etc....)

21. What are your top 4 concerns about your school food system? (this would include breakfast, lunch, snacks, afterschool, bake sales, fundraisers, classroom events, etc...)

A.

B.

C.

D.

22. Do you have vending machines in your school? NO YES

If yes, what is being vended, who is operating the vending, and who can buy the products and when?

23. Does your school offer ala carte options in the cafeteria? NO YES

If yes, who operates it and who can buy the products and when?

24. Do you have a school store that sells food? NO YES

If yes, who is operating it, who supplies the food, and when can food be purchased?

25. Please describe your cafeteria:

Table shape _____ Number of tables _____ Cafeteria Capacity _____

Is the cafeteria used for other school day activities? NO YES

If yes, what purpose and does this limit food service in anyway?

26. Are there opportunities for parents to get involved in school-wide efforts? NO YES

If yes, what are the current opportunities?

27. Please name at least 4 farms and /or agricultural resources in your town.

A.

B.

C.

D.

28. Please name 4 community resources in your town which could be utilized or could partner with a school farm/food/nutrition project.

A.

B.

C.

D.

29. Does your school have any relationship with other local schools or colleges? ____ NO ____ YES
If yes, please describe.