



Family Pack Program Student Survey

Initials: _____

Age: _____

Grade: _____

Please answer by circling or coloring the face that matches your answer.

	Yes	Don't Know	No
Do you like getting your Family Pack?	😊	😐	😞
Do you get enough food to help your family over the weekend?	😊	😐	😞
Do you want to get the Family Pack again?	😊	😐	😞
Was the Family Pack heavy for you?	😊	😐	😞
How many people do you share food with in your family?	1-4 _____	4-8 _____	Other: _____

DO YOU LIKE . . .

	Yes	Don't Know	No		Yes	Don't Know	No
Oatmeal	😊	😐	😞	Tuna	😊	😐	😞
Cereal	😊	😐	😞	Chicken	😊	😐	😞
Pancake Mix	😊	😐	😞	Beef Stew	😊	😐	😞
Pasta	😊	😐	😞	Soup	😊	😐	😞
Mac & Cheese	😊	😐	😞	Milk	😊	😐	😞
Fruit cups	😊	😐	😞				

Any additional comments: _____

Please return child survey by scanning and e-mailing it to the coordinator assigned to your county:
Tamara Casseus – tcasseus@cfnj.org – work (908) 355-3663 Ext 259 – cell (908) 380-0984