

PROGRAM EVALUATION

Deputy County Cooperative Extension, 542 Y guvEj gtqngg Cxg0 To 0334 Catvtuxkng, Georgia 30142
 (770)387-5142 FAX (770)386-3488 web site: www.ecgu0w.c0f.wlgz.vgukqp.ldct.vqy

NAME (optional): _____

DATE: _____

TOPIC: _____

SPEAKER: _____

LOCATION: _____

E-MAIL: _____

1. Objectives of the program were clear.
2. Objectives of the program were met.
3. Information was on an appropriate level for me.
4. I gained new knowledge.
5. The length of the program was good.

Definitely	Mostly	Somewhat	Not

6. What were some of your favorite things about the class? Are there any practices you will change following this class?

7. What can we do to improve the class? _____

8. What classes would you like to see in the future? Would you be willing to pay for them? ()Y ()N

9. Have you attended any Extension programs previously? _____

10. How did you find out about this program? ___Newspaper ___Radio ___Library ___Flyer

Other _____ If Newspaper or Magazine (Title): _____

Please complete the following information which is necessary for Extension programming.

()Female ()Male Under 20 () 20-30 () 30-40 () 40-50 () 50-60 () Over 60 ()

Ethnicity: (circle) Hispanic Non-Hispanic

Circle 1 or more which apply: Black White Asian American Indian Pacific Islander

Thank you for participating in this program. We hope you learned something and we invite you to join us again. A calendar of upcoming programs is available from our office.

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