



Speakers Bureau Post-Program Survey/Evaluation

Topic: _____

Location: _____

Date: _____

Circle the number that best represents your feelings about this program, using the following scale.

1=very low 2=low 3=average 4=high 5=very high

Usefulness

Very Low 1 2 3 4 5 Very High

Knowledge Gained

Very Low 1 2 3 4 5 Very High

Quality of Presentation

Very Low 1 2 3 4 5 Very High

Do you plan to adopt or utilize information from program? Please circle a number.

definitely will not probably will not not sure probably will definitely will
1 2 3 4 5

What practices or behaviors do you think you will adopt or utilize?

What additional information would you like about this topic?

What other gardening topics are you interested in learning more about?

Additional Comments: