

Saving Water at Home **EVALUATION FORM**

Your help is needed in providing vital feedback on the program you have just completed. Please take a moment to complete this survey.

Level of Understanding

For each of the topics listed below, in the LEFT column, circle the ONE number that best reflects your Level of Understanding before the *program*. Then, in the RIGHT column, circle the ONE number that best reflects your Level of Understanding after the *program*.

Poor=1, Average =2, Good=3, Excellent=4

Level of Understanding	<u>BEFORE</u> the Program	<u>AFTER</u> the Program
1. The importance of conserving water	1 2 3 4	1 2 3 4
2. Water conservation practices at home (indoors) and outdoors (landscape and garden)	1 2 3 4	1 2 3 4
3. Water conservation practices during emergency situations, such as a drought	1 2 3 4	1 2 3 4

Intentions. For the following behaviors, check the box that describes what you plan to do as a result of the *program*.

Behavior Change	Yes	No
4. Implement one or more water conservation practices in my home.	<input type="checkbox"/>	<input type="checkbox"/>
5. Implement one or more water conservation practices outdoors (such as in your landscape or garden).	<input type="checkbox"/>	<input type="checkbox"/>
Other comments:		

Satisfaction. Check the box for the statement that best describes your thoughts concerning the program.

Satisfaction	Strongly Disagree	Disagree	Agree	Strongly Agree
The subject matter was timely for me.				
The speaker(s) were effective.				
The information was practical to me.				
I can use the information I learned today.				
Overall, this was a very educational program.				

What is the most significant thing you will apply (feel free to list more than one)?

Please provide any additional information here. *Thank you very much for your time!!!*



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