

## Residential Rain Garden Program 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. What is a rain garden	1 2 3 4	1 2 3 4
2. Why is a rain garden important	1 2 3 4	1 2 3 4
3. Information needed to answer the question of "Is a rain garden right for me?"	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. I plan to install a rain garden by <span style="background-color: yellow;">&lt;insert date&gt;</span> as a result of this program.		
5. I plan to learn more about and adopt other landscaping best management practices that protect and/or conserve water resources.		

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

Satisfaction	Strongly Disagree	Disagree	Agree	Strongly Agree
The speakers were effective.				
The information was practical to me.				
Overall, this was a very educational program.				

*Please list additional comments below. Thank you for your time.*



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