Tool-1A: Example for Agriculture (Crop): Retrospective pre- and post-evaluation for short training workshops presented to adult audiences CONSERVATION TILLAGE



End of Training Workshop Evaluation

Date:		
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Cooperative Extension is always looking for ways to serve you better. Please take a moment to complete this short survey. It will help us know how we're doing, and how we can better meet your needs in the future.

Satisfaction

Please circle the appropriate number for your level of response.

How satisfied are you with:	Not Satisfied	Somewhat Satisfied	Satisfied	Very Satisfied
The relevance of information to your needs?	1	2	3	4
Presentation quality of instructor(s)?	1	2	3	4
Subject matter knowledge of instructor(s)?	1	2	3	4
Training facilities?	1	2	3	4
The overall quality of the training workshop?	1	2	3	4

Was the information easy to understand?

1. Yes

2. No

Knowledge:

Please circle the appropriate number to indicate your level of knowledge about the following topics **before** and after completing the program. Please use the following key for rating:

Very Low = Don't know anything about this topic.

2. Low = Know very little about this topic

3. Moderate = Know about this topic but there are more things to learn
4. High = Have good knowledge but there are things to learn

Very High = Know almost everything about this topic

	BEFORE THIS WORKSHOP				AFTER THIS WORKSHOP					
How do you rate your knowledge about:	Very Low	Low	Moderate	High	Very High	Very Low	Low	Moderate	High	Very High
Conservation tillage systems.	1	2	3	4	5	1	2	3	4	5
Crop rotations.	1	2	3	4	5	1	2	3	4	5
Weed management under conservation tillage.	1	2	3	4	5	1	2	3	4	5
Benefits of conservation tillage.	1	2	3	4	5	1	2	3	4	5
Cover crops.	1	2	3	4	5	1	2	3	4	5
Pest and disease control.	1	2	3	4	5	1	2	3	4	5
Nutrient management.	1	2	3	4	5	1	2	3	4	5

Please see next page

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Taking Charge

Please circle the number that best describes your answer.

As a result of this program, do you intend to:	No	Maybe	Yes	Already doing this
1. Apply conservation tillage practices?	1	2	3	4
2. Follow a crop rotation?	1	2	3	4
3. Follow minimum tillage practices?	1	2	3	4
4. Use crop residue as a ground cover?	1	2	3	4
5. Use cover crops?	1	2	3	4

Did the training workshop meet your expectation?	1. Yes	2. No						
Would you recommend this training workshop to oth If not, why:								
What did you like the most about this training worksh	nop?							
What did you like the least about this training workshop?								
How could this training be further improved?								
<u>Demographics</u>								
What is your gender? 1. Male 2. Female								
How do you identify yourself? 1. African American 2. American Indian/Alaskan 3. Asian 4. Hispanic/Latino		5. White 6. Native Hawaiian/Pacific Islander 7. Other						
Share your name/address/phone number, if you are willing to allow us to contact you for follow-up comments (Optional).								
Name: Pho	ne Number:							
Address:								

Thank you for completing this evaluation. We appreciate your input as we make every effort to improve Extension programs.