



# PROGRAM EVALUATION

We need your help in providing 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 MIDDLE column, *circle* the number that best reflects your Level of Understanding or Ability BEFORE the program. Then, in the RIGHT column, *circle* the number that best reflects your Level of Understanding or Ability AFTER the program.

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

Level of Understanding or Ability	BEFORE the Program			AFTER the Program				
Identify health benefits of gardening	1	2	3	4	1	2	3	4
Describe gardening as exercise	1	2	3	4	1	2	3	4
Apply tips and tricks to garden safely	1	2	3	4	1	2	3	4

### INTENTIONS

Check whether you plan to change the following behaviors as a result of the program.

Behavior Change	Yes	No
I plan to increase the amount of time that I am physically active by gardening or another activity.		
I plan to use knowledge or skills learned from this program to garden safely.		

# What is the most significant thing from this program you will apply to your life? Feel free to list more than one.

THE MOST SIGNIFICANT THING

Educational programs of Kentucky Cooperative Extension serve all people regardless of economic or social status and will not discriminate on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, veteran status, physical or mental disability or reprisal or retaliation for prior civil rights activity. Reasonable accommodation of disability may be available with prior notice. Program information may be made available in languages other than English. University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating.