```
MARKING INSTRUCTIONS
CORRECT: INCORRECT: &&-O
```


## Texas A\&M AgriLife Extension Service Satisfaction Survey for Youth

Please take a few minutes to tell us about your experience with this activity. Your answers to the following questions will help us better meet your needs. Please do not write your name on this form so that your responses are anonymous. Thank you!

1. Overall, how satisfied are you with this activity?
O Not at all
O Slightly
O Somewhat
O Mostly
O Completely
2. How satisfied are you with the following parts of the activity?

| deun parts of the activi | Not at all | Slightly | Somewhat | Mostly | Completely |
| :---: | :---: | :---: | :---: | :---: | :---: |
| a. Activity being enjoyable | O | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| b. Accuracy of the information | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| c. Information being easy to understand | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| d. Range of topics covered | 0 | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| e. Timeliness of information (being received in time to be useful) | 0 | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| f. Information being helpful in making good choices | 0 | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| g. Relevance of the examples used | . 0 | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| h. Instructor's response to questions | . 0 | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| i. Instructor's knowledge level of subject matter | - O | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |

3. What did you like most about this activity?
$\square$
4. What did you like least about this activity?
$\square$
5. Please list anything that you would have liked covered in more detail or wanted more information about.
$\square$
6. Do you plan to take any actions or make any changes because of what you learned from this activity?
O Yes
O No
O Not sure
7. Do you think that what you learned from this activity will help you make more money or reduce your expenses in any way in the future?
O Yes
O No
O Not sure
8. Would you recommend this activity to others? $\bigcirc$ Yes $\bigcirc$ No

Tell Us About You
9. You are . $\square$ Female

## Male

10. Your age?

O 12 or younger $\bigcirc 13$
O 14
O 15
○ 16
O 17
O 18
O 19 or older
11. What grade are you in?

O 5th or lower
O 6th
O 7th
O 8th
O 9th
O 10th
O 11th
O 12th
12. Where do you live?
O Farm or ranch
O Rural area, not a farm / ranch
O Town or city between 10,000 and 250,000 persons
O City over 250,000 persons
O Town under 10,000
13. You are . . .
O African American (non-Hispanic)
O Asian American
O Hispanic
O
Native American
O White (non-Hispanic) O Other
14. For each item listed below, mark the number in the left column for your level of understanding BEFORE the program; then mark the number in the right column for your level of understanding AFTER the program.

| Poor | Fair | Good | Excellent |
| :---: | :---: | :---: | :---: |
| 1 | 2 | 3 | 4 |


| Level of understanding of . . . | BEFORE Program | AFTER Program |
| :---: | :---: | :---: |
|  | 132 | 123 |
|  | $\bigcirc \bigcirc \bigcirc$ | $\bigcirc \bigcirc \bigcirc$ |
|  | $\bigcirc \bigcirc \bigcirc$ | $\bigcirc \bigcirc \bigcirc$ |
|  | $\bigcirc \bigcirc \bigcirc$ | $\bigcirc \bigcirc \bigcirc$ |
|  | $\bigcirc \bigcirc \bigcirc$ | $\bigcirc \bigcirc \bigcirc$ |
|  | $\bigcirc \bigcirc \bigcirc$ | $\bigcirc \bigcirc \bigcirc$ |
|  | $\bigcirc \bigcirc \bigcirc$ | $\bigcirc \bigcirc \bigcirc$ |

15. Please indicate your intentions to adopt each item listed below or indicate if you have already adopted the item listed or if it does not apply to your situation.

| What you might adopt . . | Definitely Will Not | Probably Will Not | Undecided | Probably Will | Definitely Will | Already <br> Adopted | Does Not Apply |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | O | $\bigcirc$ | $\bigcirc$ |
|  | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
|  | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
|  | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
|  | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | O | $\bigcirc$ |

