

Your views on the quality and effectiveness of Extension programs are extremely important. 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!

MARKING INSTRUCTIONS
 CORRECT: ● INCORRECT: ✗ ⊗ ☒

1. For each item listed below, mark the ONE number in the left column that best describes your level of understanding BEFORE the program; and then mark the ONE number in the right column that best describes your level of understanding AFTER the program.

Poor **Fair** **Good** **Excellent**
1 **2** **3** **4**

Your understanding of . . .	BEFORE Program				AFTER Program			
	1	2	3	4	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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2. 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.

Practice or technology that could be adopted . . .	Definitely Will Not	Probably Will Not	Undecided	Probably Will	Definitely Will	Already Adopted	Not Applicable
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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