

**MARKING INSTRUCTIONS**

CORRECT: ● INCORRECT: ✗ ⊗ ⊕ ⊖



Your views on the quality and effectiveness of Extension programs are extremely important. Please tell us about your experience with this activity. Your answers will help us better meet your needs. Thank you!

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

| Your understanding of . . . | Poor                  |                       |                       |                       | Fair                  |                       |                       |                       | Good                  |                       |                       |                       | Excellent             |                       |                       |                       |
|-----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                             | 1                     |                       |                       |                       | 2                     |                       |                       |                       | 3                     |                       |                       |                       | 4                     |                       |                       |                       |
|                             | BEFORE Program        |                       |                       |                       |                       |                       |                       |                       | AFTER Program         |                       |                       |                       |                       |                       |                       |                       |
|                             | 1                     | 2                     | 3                     | 4                     | 1                     | 2                     | 3                     | 4                     | 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"/> |
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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            | Probably              | Probably              | Definitely            | Already               | Not                   |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|  | Will Not              | Will Not              | Undecided             | Will                  | Will                  | Adopted               | Applicable            |
|  | <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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3. Based on the information provided at the program, what is the likelihood that you would recommend Texas A&M AgriLife Extension Service to your family and friends as a contact for information on rainwater harvesting? Fill in one number below where 0 = not likely and 10 = very likely.

- 0       1       2       3       4       5       6       7       8       9       10

Not Likely

Very Likely

4. What is the most significant thing you learned during the Rainwater Harvesting Program (feel free to list more than one)?

5. What was not covered or explained well that should have been added or made clearer?

6. What should have been dropped from the program that was not needed or too much time was spent on?

7. Please add suggestions to help improve this workshop.