

Sample Tool for Onetime Short Training Evaluation (Created in Qaltrics)



1 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.

2 How satisfied are you with:

	Not satisfied (1)	Somewhat satisfied (2)	Satisfied (3)	Very satisfied (4)
The relevance of information to your needs? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presentation quality of instructor(s)? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Subject matter knowledge of instructor(s)? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training facilities? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The overall quality of the training workshop? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3 Was the information easy to understand?

- Yes (1)
- No (2)

4 Please check the appropriate bubble in question 4 to indicate your level of knowledge about the listed topics **before** and **after** completing the program (You need to check two bubbles for each statement). Please use the following key for rating:

- Very Low = Don't know anything about this topic.
- Low = Know very little about this topic
- Moderate = Know about this topic but there are more things to learn
- High = Have good knowledge but there are things to learn
- Very High = Know almost everything about this topic

	BEFORE THIS WORKSHOP					AFTER THIS WORKSHOP				
	Very Low (1)	Low (2)	Moderate (3)	High (4)	Very High (5)	Very Low (1)	Low (2)	Moderate (3)	High (4)	Very High (5)
Conservation tillage systems (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crop rotations (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weed management under conservation tillage (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benefits of conservation tillage (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cover crops (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pest and disease control (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutrient management (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

5 As a result of this program, do you intend to:

	No (1)	Maybe (2)	Yes (3)	Already Doing this (4)
Apply conservation tillage practices? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Follow a crop rotation? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Follow minimum tillage practices? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use crop residue as a ground cover? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use cover crops? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6 Did the training workshop meet your expectation?

- Yes (1)
- No (2)

7 Would you recommend this training workshop to others?

- Yes (1)
- No (2)

8 If not, why

9 What did you like the most about this training workshop?

10 What did you like the least about this training workshop?

11 How could this training be further improved?

12 What is your gender?

Male (1)

Female (2)

13 How do you identify yourself?

African American (1)

American Indian/Alaskan (2)

Asian (3)

Hispanic/Latino (4)

White (5)

Native Hawaiian/Pacific Islander (6)

Other (7)

14 Share your name/address/phone number, if you are willing to allow us to contact you for follow-up comments (Optional).

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

End of Block: Default Question Block

