

## Living Along a Kentucky Stream EVALUATION FORM

Your help is needed in providing vital 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 LEFT column, circle the ONE number that best reflects your Level of Understanding before the *program*. Then, in the RIGHT column, circle the ONE number that best reflects your Level of Understanding after the *program*.

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

Level of Understanding		<u>BEFORE</u> the Program				<u>AFTER</u> the Program				
1.	Understanding of the concept of stream stewardship		1	2	3	4	1	2	3	4
2.	Knowledge of the components of a stream		1	2	3	4	1	2	3	4

**Intentions.** For the following <u>behaviors</u>, check the box that describes what you plan to do as a result of the *program*.

Behavior Change	Yes	No
3. Take action to protect streams around my home.		
4. Change at least one habit or action to protect our water resour	rces.	
Other comments:		

**Satisfaction.** Check the box for the statement that best describes your thoughts concerning the program.

Satisfaction	Strongly Disagree	Disagree	Agree	Strongly Agree
The subject matter was timely for me.				
The speakers were effective.				
The information was practical to me.				
I can use the information I learned today in my organization.				
Overall, this was a very educational program.				



What is the most significant thing you will apply (feel free to list more than one)?

Please provide any additional information here. Thank you very much for your time!!!





