

# Cornell Cooperative Extension Sullivan County

Demographic Information Optional

Class: \_\_\_\_\_ Date: \_\_\_\_\_

**Gender:**  Female  Male  Non-Binary  Not Listed \_\_\_\_\_

**Age Range:**  5-8  9-13  14-19  20-30  30-40  40-59  60+ **Seasonal/2<sup>nd</sup> Homeowner?**  Yes  No

**Race:**  Black, Af.Am.  Am.In  Asian  Pac .Is.  White  Not Listed **Ethnicity:**  Hispanic, Latin American

**Please check the box(es) that best describe your work (please check all that apply):**

- Agriculture/Food Systems  Environment/Natural Resources  Youth Development  Health  Senior  
 Families  Student  Volunteer  Economic Vitality  Community Development  Faith-based

## Session Evaluation

Please rate today's workshop, using the 5-point scale below. Please check one box for each item.

	1 Poor ☹️	2	3 Good 😊	4	5 Excellent 😄
(1) Order of activities/information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Quality of information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Interaction among participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Applicability of information to current work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) Overall quality of experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	1 Too slow ☹️	2	3 Just Right 😊	4	5 Too Fast ☹️
(6) How would you rate the pace of today's meeting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(7) Has this workshop increased your knowledge or skills in the content area?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
(8) Will you use this information or change your practices as a result of participating in today's activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____				
(9) Was this experience a good value?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

(10) How did you hear about today's program:

(11) What other classes would you like to attend?

(12) What other information would you like to have received?

(13) What did you like about today's meeting?

(14) What would you change about today's meeting?

*Your Trusted Resource of Choice.*

Diversity and Inclusion are a part of Cornell University's heritage. We are a recognized employer and educator valuing AA/EEO, Protected Veterans, and Individuals with Disabilities.