



Texas Extension Education Association, Inc.
Safe Medication Disposal Evaluation

Please take a moment to provide feedback on this program.

1. Regarding the overall program/teaching (rate your response by circling a number):

Table with 2 columns: Statement and Scale (1= Worst, 5 = Best). Rows include: The value of the lesson was, The overall teaching was, The teacher's knowledge of the lesson was.

2. Regarding what you know and actions you plan to take (circle your response):

- I learned new information today. YES NO
I plan to use the information I learned today. YES NO
I have a better understanding of how medicines can harm the environment. YES NO
This information will help me be more active in protecting the water supply. YES NO
I plan to help setup a Medication drop off in my home town. YES NO

3. This lesson was delivered by a(n) (check only one):

TEEA Member. Extension Agent/Specialist Other Speaker.

4. Please tell us about yourself.

I am a Woman. Man.

I am in District: 1 2 3 4 5 6 7 8 9 10 11 12

I have been a member of TEEA for years.

My age is years-old.

5. Additional Comments.

Large empty rectangular box for additional comments.

Thank You For Completing This Form!