



Hearing Loss Evaluation

Please take a moment to provide feedback on this program.

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

Statement	Scale (1= Worst, 5 = Best)				
The value of the lesson was	1 not valuable	2	3	4	5 very valuable
The overall teaching was	1 poor	2	3	4	5 excellent
The teacher's knowledge of the lesson was	1 poor	2	3	4	5 excellent

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 feel this information helps me understand hearing loss. YES NO
- I think I will be able to share a resource related to hearing loss. YES NO
- I know how to make at least one change to help improve my hearing. 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.

Thank You For Completing This Form!