



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 understand the connection between personal health and home safety. YES NO
I can identify safety hazards in my home. YES NO
I feel this information will help me make my home safer. YES NO
I plan to share this information with my friends and family. 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!