



University of Delaware
 Cooperative Extension
 New Castle County
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Junior Gardener Program Evaluation

Thank you for inviting us into your classroom today. We enjoyed working with you and your students. Please help us improve our programs by taking a few minutes to give us your thoughts and opinions for the questions listed on the reverse. **Please respond in terms of the class/students that you teach. If you co-teach with another teacher for the same group of students, submit only one evaluation for that class.**

Return your completed evaluation to today's Master Gardener instructor, or mail it to the New Castle County Cooperative Extension office in the enclosed postage-paid envelope. Thank you for your time. Feel free to contact us if you have further comments or questions.

Please complete this evaluation using black or blue-black ink, not other colors or pencil.

Classroom Teacher Name _____ Work/daytime phone _____
 Email _____ Home/evening phone _____
 School Contact Name _____ Work/daytime phone _____
 Email _____ Home/evening phone _____
 School/Institution name _____
 Mailing Address _____
 City _____ State _____ ZIP _____

Grade(s) participating today: K										1	2	3	4	5	6	special ed.	gifted & talented
Number of adults: _____ Male					Number of youth: _____ Male												
_____ Female					_____ Female												
_____ White					_____ White												
_____ Black					_____ Black												
_____ Hispanic					_____ Hispanic												
_____ Asian/Pacific Islander					_____ Asian/Pacific Islander												
_____ Native American					_____ Native American												

May we add you to our mailing list? Postal mail yes no Email yes no

(Postal and email addresses are not distributed to businesses or agencies outside Cooperative Extension)

Please complete reverse!

It is the policy of the Delaware Cooperative Extension System that no person shall be subjected to discrimination on the grounds of race, color, sex, disability, age, or national origin.

MG Use Only

Program Date/Time: _____ Program Title: _____

MG Instructor(s) and assistant(s): _____

Directions, equipment needed, special circumstances, etc. _____

1. In what ways did today's program meet your expectations?

2. In what ways did today's program not meet your expectations?

3. In what ways did you and your students benefit from today's program?

4. In what ways could we improve *the content* of today's program to better serve your needs?

5. In what ways could we improve *the way we presented* today's program to better serve your needs?

6. Why did you choose today's program topic? (check all that apply)
 - it fits well within my curriculum
 - I want to offer my students something outside the curriculum
 - it is a change of pace for the students
 - other (describe) _____

7. Describe other environmental and horticultural topics and activities you would be interested in having us present to your class.

8. Additional comments or questions.