|  |  |
| --- | --- |
| **Event/Activity Title:** | |
| **Date:** | **Location:** |
| **Event type:**   Workshop/Training  Demonstration  Tour  On-Farm Visit | |

*Thank you for taking the time to fill out this short program survey. Your candid responses to the following questions will help us evaluate how well this workshop achieved its purpose and will provide valuable information for planning future activities.*

1. **What is your gender?**

|  |  |  |  |
| --- | --- | --- | --- |
| Female | Male | Non-binary | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **What is your age range?**

|  |  |  |  |
| --- | --- | --- | --- |
| 18 to 29 years | 30 to 39 years | 40 to 59 years | 60 + years |

1. **Please check the category or categories that best describe(s) you.** *Check all that apply.*

|  |  |
| --- | --- |
| American Indian or Alaska Native | Spanish, Hispanic, or Latino Origin |
| Asian | White |
| Black or African American | Other race(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Native Hawaiian or other Pacific Islander |  |

1. **Please circle the number the best expresses your opinion regarding each statement below:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Statements** | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| **a**. I felt the program was well organized. | 1 | 2 | 3 | 4 | 5 |
| **b.** The information shared in the program was relevant and helpful to me. | 1 | 2 | 3 | 4 | 5 |
| **c.** The presenter(s) was/were knowledgeable about the program topic. | 1 | 2 | 3 | 4 | 5 |
| **d**. After completing the program, my knowledge of the topic covered has increased. | 1 | 2 | 3 | 4 | 5 |
| **e**. I plan to utilize the information I have learned to improve and enhance my current or future farming operation. | 1 | 2 | 3 | 4 | 5 |
| **f.** As a result of the program, I am more able to make informed decisions about my current or future farming enterprise. | 1 | 2 | 3 | 4 | 5 |
| **g**. I gained knowledge that will help to improve my financial stability. | 1 | 2 | 3 | 4 | 5 |
| **h**. As a result of the program, I know of people I can go to for further support on this topic. | 1 | 2 | 3 | 4 | 5 |
| **i**. As a result of the program, I know of additional resources I can access on this topic. | 1 | 2 | 3 | 4 | 5 |

1. **Would you be interested in attending another VSU-SFOP sponsored event of this type?**

|  |  |  |
| --- | --- | --- |
| Yes |  | No |

1. **Please share how the Small Farm Outreach Program has benefited you and your farming operation.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Are there any ways we can improve our services?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**