EVALUATION FORM

Date_____ Topic_____

Presenter_____

Describe something from the presentation today that you will adapt/include in your own landscape/garden.

Please check the box or boxes that apply to you.

☐ Do you have any additional horticultural based questions for which we may provide answers to? If so, what are they?

☐ The University of Florida/IFAS Extension values your feedback and would appreciate your assistance in evaluating any changes you may make in the next 3 to 6 months in response to today's program. May we contact you to find out how this information impacted the practices in your landscape/garden?

☐ Would you like to be added to the Okaloosa County Master Gardener Volunteer notification list about future programs?

If you checked any of the boxes, please indicate your preferred method of contact:

☐ Email

☐ Telephone

☐ Regular mail

Name_____

Address_____

Phone_____Email_____

This information will be kept confidential and used for Extension purposes only.