



Evaluation Form

Date _____ Topic _____

Presenter _____

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

To complete this form, please check the box or boxes that apply to you.

Do you have any additional horticultural based questions for which we may provide an answer on this topic?

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 in a few months to find out how this information impacted the practices in your landscape/garden?

Would you like to be contacted when the next Okaloosa County Master Gardener class is scheduled?

If you checked any of the boxes above, please provide your preferred method of contact (email, phone, regular mail). This information will be kept confidential and used for Extension purposes only.

Name: _____ City: _____

Contact information: _____