

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_