

HELP US SERVE YOU BETTER

Program Evaluation

Please help us by providing information about yourself and what you have learned.

Program Title: Protect Your Child From Environmental Health Risks *Session One*

County: _____

Sex: ___F ___M **Age:** ___under 20 ___21 to 40 ___41 to 60 ___61 and over

On a scale of 1 to 5, how would you rate the lesson? Circle your response below.

Not Very Good

1

2

3

4

Very Good

5

Check all that apply: *As a result of this program, I will*

_____ discuss with family, friends and neighbors the effects of lead poisoning on our children

_____ take steps to prevent exposure to lead in my home.

_____ use pesticides only when non-chemical controls like setting traps or putting out boric acid do not work.

_____ set up a locked cupboard to store toxic household chemicals and pesticides.

_____ always wash fruits and vegetables well before feeding them to my children.

_____ contact my local water system to learn more about my water supply.

_____ have my well water tested and make at least one improvement to the well.

_____ find out about fish consumption and swim advisories in my area.

_____ Other: (Please write in the space below.)

What was the most important thing you learned?

Thank you for your help!

Protect Your Child From Environmental Health Risks

Session One Follow-up Feedback Form

It has been a few weeks since you attended this program offered by your County Extension Office. We'd like to know if this program has been helpful to you.

1. As a result of participating in this workshop, have taken any steps to improve your parenting skills? Yes No Please explain.
2. Do you feel better prepared to protect your child from environmental health risks?
 Yes No
3. Have you discussed this information with anyone else? Yes No
If yes, who?
4. **On a scale of 1 to 5, how would you rate the lesson? Circle your response below.**
Not Very Good **Very Good**
1 2 3 4 5
5. As a direct result of this program:
 - a. Yes No I have talked with family members, friends and neighbors about the dangers of lead in the home.
 - b. Yes No I took steps to prevent lead exposure in my home.
 - c. Yes No I have used pesticides only when other things did not work.
 - d. Yes No I have locked up hazardous household products and pesticides.
 - e. Yes No I have stressed to my family the importance of washing fruits and vegetables before eating them.
 - f. Yes No I have contacted my local water system to learn more about my water supply.
 - g. Yes No I had my water tested.
 - h. Yes No I have contacted my local health department to ask about fish consumption and swim advisories in my area.
 - i. Yes No I would highly recommend this program to others.

Thank you for your feedback!

HELP US SERVE YOU BETTER

Program Evaluation

Please help us by providing information about yourself and what you've learned.

Program Title: Protect Your Child From Environmental Health Risks *Session Two*

County: _____

Sex: ___F ___M **Age:** ___under 20 ___21 to 40 ___41 to 60 ___61 and over

On a scale of 1 to 5, how would you rate the lesson? Circle your response below.

Not Very Good

1

2

3

4

Very Good

5

Check all that apply: *As a result of this program, I will*

_____ make sure combustion appliances are properly vented.

_____ install a carbon monoxide detector near my child's bedroom.

_____ learn whether my home or my child's school contains asbestos.

_____ keep my child indoors during high ozone levels or high pollen counts.

_____ keep my home clean, allow no smoking, and ban pets from the house.

_____ have my home tested for radon.

_____ take steps to protect my child from tobacco smoke.

_____ always practice sun safety with my child, including using sunscreen, hats, and protective clothing.

_____ Other: (Please write in the space below.)

What was the most important thing you learned?

Thank you for your help!

AGRICULTURE & NATURAL RESOURCES • FAMILY & CONSUMER SCIENCES
4-H/YOUTH DEVELOPMENT • COMMUNITY & ECONOMIC DEVELOPMENT

Protect Your Child From Environmental Health Risks

Session One Follow-up Feedback Form

It has been a few weeks since you attended this program offered by your County Extension Office. We'd like to know if this program has been helpful to you.

1. As a result of participating in this workshop, you have taken any steps to improve your parenting skills? Yes No Please explain.
2. Do you feel better prepared to protect your child from environmental health risks?
 Yes No
3. Have you discussed this information with anyone else? Yes No
If yes, who?
4. **On a scale of 1 to 5, how would you rate the lesson? Circle your response below.**

| | | | | | |
|--|----------------------|---|---|---|------------------|
| | Not Very Good | | | | Very Good |
| | 1 | 2 | 3 | 4 | 5 |
5. As a direct result of this program:
 - a. Yes No I have checked all combustion appliances to ensure they are properly vented.
 - b. Yes No I have installed a carbon monoxide detector near my child's bedroom.
 - c. Yes No I have contacted school officials to find out whether there is asbestos in my child's school.
 - d. Yes No I keep my child indoors during high ozone levels & pollen counts.
 - e. Yes No I have banned smoking and pets in my home.
 - f. Yes No I have had my home tested for radon.
 - g. Yes No I have stressed to my family the importance of using sunscreen and wearing protective clothing.
 - h. Yes No I would highly recommend this program to others.

Thank you for your feedback!