HELP US SERVE YOU BETTER

Program Evaluation

Please complete the information below to help us develop programs that will serve your future needs:

Program Title: *Storm Water Management* **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				***Very Good***
1	2	3	4	5

Check all that apply:

As a result of this program, I

____ will avoid spills and recycle the waste oil when changing my vehicle's oil.

____ plan to properly maintain my vehicle to prevent fluid leaks.

____ will mix cleaners, pesticides and other chemicals in contained areas to avoid spills.

____ intend to wash my car on the lawn or take it to a car wash.

____ plan to divert water from my basement.

____ will use wood chips or paving stones instead of paving walkways.

____ will promptly seed and mulch bare areas.

____ intend to landscape my yard to slow the flow of water and allow storm water to soak into the ground.

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

……

What was the most important thing you learned?

Thanks for your help!

Educational programs of the Kentucky Cooperative Extension Service serve all people regardless of race, color, age, sex, religion, disability, or national origin.

KY-A-Syst for the Home
Environmental Stewardship for Homeowners

Storm Water Management

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 you done anything that you consider an improvement? ____Yes ____No Please explain.

2. Have you prepared the Action Checklist and set target dates for taking action? ____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 reviewed the Ky-A-Syst for the Home publication.

   b. ___Yes ___No I have talked with family members about landscaping to reduce storm water runoff.

   c. ___Yes ___No I have taken at least one action around my home to reduce the potential for contaminated storm water runoff.

   d. ___Yes ___No I have shared basic information on storm water management with friends and neighbors.

   e. ___Yes ___No I have re-evaluated my ideas about my home's impact on storm water and water pollution.

   f. ___Yes ___No I would highly recommend this program to others.

Thanks for your feedback!

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