

Recycle Program Evaluation

HELP US SERVE YOU BETTER

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

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

___ Begin recycling at home.

___ Begin recycling at work.

___ Reduce the amount of waste I produce.

___ Reuse items whenever possible.

___ Share the information from today's lesson with my family and friends.

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

What was the most important thing you learned?

Thank you for your help!



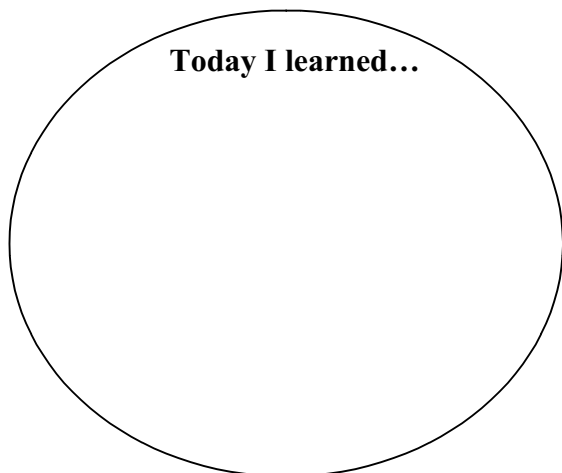
Disabilities accommodated with prior notification.

Recycle Program Evaluation

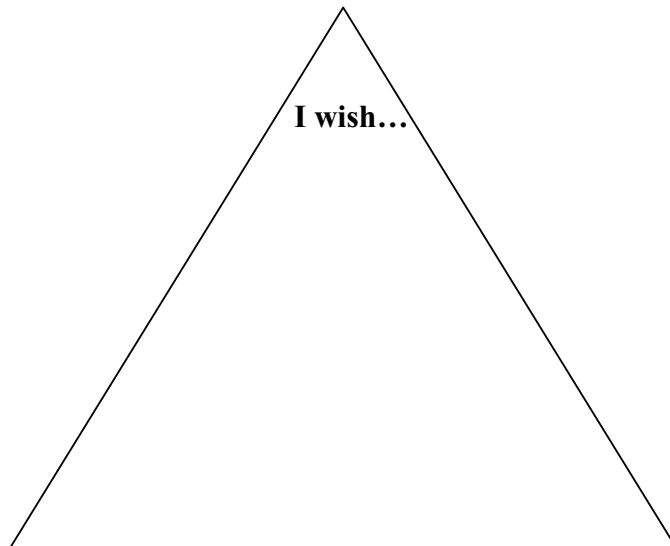
Tell Us What YOU Think!

Please take a few minutes to respond to the questions below.

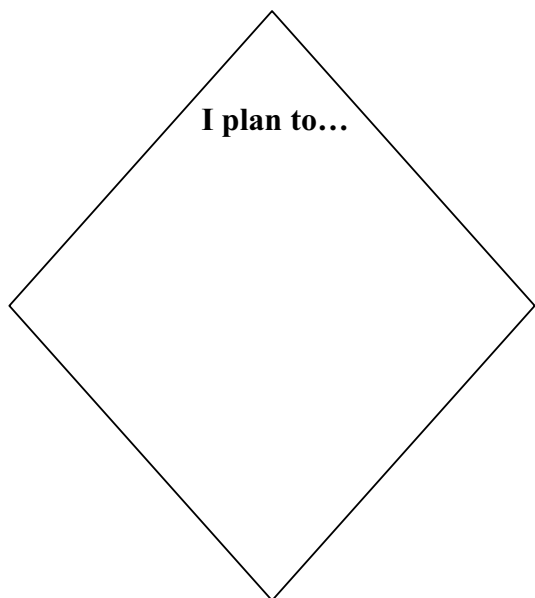
Today I learned...



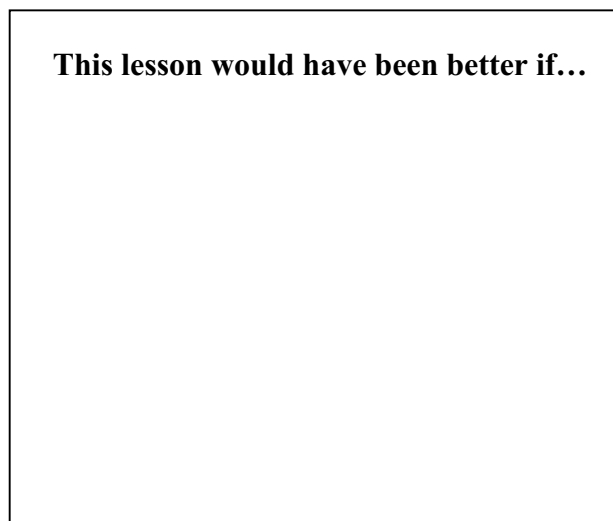
I wish...



I plan to...



This lesson would have been better if...



It is likely that I will put into practice something I learned today:

Probably Not

Maybe

Quite Likely

Definitely

A one word summary for today's lesson is:



Disabilities accommodated with prior notification.