

## General Master Gardener Volunteer Training Program – Feed back

Please take a few moments to fill in this evaluation about your recent experience at the general Master Gardener Volunteer training program in enhancing your gardening knowledge, skills and volunteerism. Your feedback helps us improve our programs. Thanks!

### Class room Training:

1) How satisfied are you with the overall information provided at the 12 week Master Gardener training program? (*Circle one* )

*Not satisfied      Some what satisfied      Quite Satisfied      Very Satisfied*

2) What is your level of understanding of the subjects listed below NOW after the training as compared to BEFORE you started the training. (*Please check one box in the section **After the Training** AND check one box in the shaded area to indicate your level of understanding **Before the Training.***)

	-Level of Understanding-							
	After the Training				Before the Training			
	Very Little	Some	Quite a bit	A lot	Very Little	Some	Quite a bit	A lot
a) Soil & Soil Test								
b) Landscaping with annuals								
c) Growing Fruits								
d) Landscaping with herbaceous perennials								
e) Lawn care								
f) Season Pest & diseases								
g) Tree identification								
h) Growing vegetables								

3) To what extent have you used the information and/or the experience gained in the training class in your own garden, the community project at the botanical garden or in serving the community or others? (*Please check one box for each*)

	-Used information gained through training-			
	Very Little	Some	Quite a bit	A lot
a) In your own garden				
b) At the botanical garden				
c) In helping others				

Comments: \_\_\_\_\_  
 \_\_\_\_\_

**Community Project:**

4) How satisfied are you with the team volunteer project at the botanical garden? (*Circle one*)

*Not satisfied      Somewhat satisfied      Quite Satisfied      Very satisfied*

5) Did the volunteer project help you in increasing your gardening skills? (*Circle one*)

*Not at all      Somewhat      Quite a bit      A great deal*

Comments: \_\_\_\_\_  
\_\_\_\_\_

6) How helpful was the educator in: (*Please check the appropriate boxes*)

	<i>Not at all</i>	<i>Somewhat</i>	<i>Quite a bit</i>	<i>A great deal</i>
a) Teaching gardening skills				
b) Advising as needed				
c) Developing your skills to educate others				
d) Providing overall support to your team				

7) Has this program helped you to gain confidence in performing future community projects? (*Circle one*)

*No      Yes      Not Sure*

8) As a result of this program, do you intend to perform any more community service? (*Circle one*)

*Definitely will not      Probably will not      Probably will      Definitely will*

Please comment: \_\_\_\_\_  
\_\_\_\_\_

9) Would you recommend this training program to other people in the community?

a. Yes, Please specify the reason \_\_\_\_\_

b. No, Please specify the reason \_\_\_\_\_

10) What else can be done to improve this training program in the future?

*Thanks for taking time in filling this evaluation. We greatly appreciate your suggestions and comments.*