**PROGRAM EVALUATION**

Date of Program: _____________________________  
Time of Program: ____________________________

Instructor: ________________________________  
Grade/Program Type: ________________________

Type of Program:  
- [ ] Workshop  
- [ ] On-Site Student Education  
- [ ] Festival: _______________  
- [ ] Off-Site Student Outreach  
- [ ] Other: _______________________________

Please Rank and Comment on the Following

<table>
<thead>
<tr>
<th>A. Was the instructor/presenter Prepared/Knowlegable?</th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Was the program: Educational?</th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
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<th>B. Was the program: Fun and interesting?</th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
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</table>

C. Rank the Garden and facility

What were the strengths of the program? ____________________________________________________________  
__________________________________________________________________________________________  
__________________________________________________________________________________________  

How can the program be improved? ________________________________________________________________  
__________________________________________________________________________________________  
__________________________________________________________________________________________  

I’d like to become a Friend of the Garden! Please send me membership information.  
Name: ____________________________________________  
Address: ____________________________________________  
City: ____________________________ State: __________ Zip: ____________________________