**Food Dehydration Workshop Evaluation**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

NC State Extension is always looking for ways to serve you better. Please take a moment to complete this short survey. It will help us know how we’re doing, and how we can better serve your needs in the future.

**Demographics**

What is your gender?1. Male 2. Female

How do you identify yourself?

1. African American 5. White

2. American Indian/Alaskan 6. Native Hawaiian/Pacific Islander

3. Asian 7. Other

4. Hispanic/Latino

**Knowledge:**

Please circle the appropriate number to indicate your level of knowledge about the following topics **before** and **after** completing the program. Please use the following key:

1. Very Low = Don’t know anything about this topic.
2. Low = Know very little about this topic
3. Moderate = Know about this topic but there are more things to learn
4. High = Have a good knowledge but there are things to learn
5. Very High = Know almost everything about this topic
6. Not Sure = I do not know or it is difficult to say how much I know about this topic

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **BEFORE THIS WORKSHOP** | | | | | **AFTER THIS WORKSHOP** | | | | |  |
| **How do you rate your drying knowledge about:** | **Very Low** | **Low** | **Moderate** | **High** | **Very High** | **Very Low** | **Low** | **Moderate** | **High** | **Very High** | **Not Sure** |
| Drying basics | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | 0 |
| Different drying methods | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | 0 |
| Drying equipment | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | 0 |
| Dried Food Quality | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | 0 |
| Packaging and storage | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | 0 |

Was the information easy to understand? 1. Yes 2. No

**Satisfaction:** Please circle the appropriate number for your level of response.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **How satisfied are you with:** | **Not Satisfied** | **Somewhat Satisfied** | **Satisfied** | **Very Satisfied** |
| The relevance of information to your needs? | 1 | 2 | 3 | 4 |
| Subject matter knowledge of instructor(s)? | 1 | 2 | 3 | 4 |
| Presentation quality of instructor(s)? | 1 | 2 | 3 | 4 |
| The overall quality of the training workshop? | 1 | 2 | 3 | 4 |

Did the training workshop meet your expectation? 1. Yes 2. No

Explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you recommend this training workshop to others? 1. Yes 2. No

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What did you like the most about this training workshop?

What did you like the least about this training workshop?

How could this training be further improved?

**Thank you for completing this evaluation.**