Please take a moment to answer these questions. This is a presentation is part of a project of the Universities of Rhode Island, Connecticut, Maine, New Hampshire and Vermont Choose one and circle. Thank you.

## How useful to you was the information presented and distributed?

<table>
<thead>
<tr>
<th></th>
<th>Not Useful</th>
<th>Slightly Useful</th>
<th>Useful</th>
<th>Very Useful</th>
<th>Extremely Useful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Food Safety Review</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Five Steps to Food Safe Home Gardening</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Home Gardener Brochure</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Other Printed Material</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

### Please rate the effectiveness of the Garden to Table Food Safety Presentation

- **Was the presentation easy to understand?**
  - Yes
  - No

- **Were the slides clear and readable?**
  - Yes
  - No

- **Was the food safety messages for “garden to table” clear?**
  - Yes
  - No

- **Was the speaker well prepared on this topic?**
  - Yes
  - No

- **Did the speaker have good presentation skills?**
  - Yes
  - No

- **Is there anything you would suggest changing?**
  - Yes
  - No

**If YES, please comment on what you would suggest changing.**

OVER PLEASE
Overall, this activity:

<table>
<thead>
<tr>
<th></th>
<th>Did not meet my expectations</th>
<th>Met my expectations</th>
<th>Exceeded my expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Have you learned any new food safety information in relation to “home gardening to table” practices?

Yes  No  Not sure

If YES, please list what you learned from participating in this training.

Do you plan to change any practices as result of participating in this program?

Yes  No  Not sure

If YES, list at least one practice you plan to change as a result of participating in this program?

Additional Comments: