

**Partnering with Volunteers and Sharing Leadership to Achieve Impact  
EVALUATION FORM**

Your help is needed in providing vital feedback on the **SEAL Curriculum** you have just completed. Please take a moment to complete this survey.

For each of the topics listed below, in the LEFT column, circle the ONE number that best reflects your LEVEL OF UNDERSTANDING before the **SEAL Curriculum**. Then, in the RIGHT column, circle the ONE number that best reflects your LEVEL OF UNDERSTANDING after the **SEAL Curriculum**.

**LEVEL OF UNDERSTANDING**  
Poor=1, Average =2, Good=3, Excellent=4

Level of Understanding	<u>BEFORE</u> the Program	<u>AFTER</u> the Program
Extension Leadership System in Georgia	1 2 3 4	1 2 3 4
Partnerships & Shared Leadership at the County Level	1 2 3 4	1 2 3 4
Benefits of a strong county advisory system	1 2 3 4	1 2 3 4

**Intentions.** For the following behaviors, check the box that describes what you plan to do as a result of the **SEAL Curriculum**.

Behavior Change	Yes	No
I will use the information learned to strengthen my own Advisory System.		
I will pass this information on to County Extension Faculty to utilize.		
I will follow up and learn more about Georgia's ELS System.		

**Satisfaction.** Check the box for the statement that best describes your thoughts concerning the program.

Satisfaction	Strongly Disagree	Disagree	Agree	Strongly Agree
The subject matter was timely for me.				
The speakers were effective.				
The information was practical to me.				
I can use the information I learned today in my organization.				
Overall, this was a very educational program.				

**What is the most significant thing you will apply (feel free to list more than one)?**

**Do you feel like what you learned provides you the ability to lead more effectively? (Circle the best answer)**

YES

NO

- Please explain your answer or provide an example.

**Please provide any additional information on the back. Thank you very much for your time!!!**