



**Mapping Our Future: KEHA Leadership Training  
EVALUATION FORM**

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

**Level of Understanding**

For each of the topics listed below, in the LEFT column, circle the ONE number that best reflects your Level of Understanding before the *program*. Then, in the RIGHT column, circle the ONE number that best reflects your Level of Understanding after the *program*.

Poor=1, Average =2, Good=3, Excellent=4

Level of Understanding	<u>BEFORE</u> the Program	<u>AFTER</u> the Program
KEHA programming emphases for 2017-18	1 2 3 4	1 2 3 4
Results from KEHA 2015-2016 reports	1 2 3 4	1 2 3 4
KEHA membership campaigns and incentives	1 2 3 4	1 2 3 4
Important dates during the KEHA year	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 *program*.

Behavior Change	Yes	No
I plan to share the information from today's training session with the members of my club.		
I will use what I learned today to fulfill a leadership role in my club, county or area in 2017-2018.		

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

Satisfaction	Strongly Disagree	Disagree	Agree	Strongly Agree
The speaker(s) were effective.				
The information was applicable to me.				
Overall, this was a very educational program.				

*Please list additional comments on the back side of this page. Thank you for your time.*