



Name (optional): \_\_\_\_\_

Class Name: \_\_\_\_\_

Instructor: \_\_\_\_\_

Place an X on the option that relates best to your experience.	Strongly Agree 	Agree 	Neutral	Disagree 	Strongly Disagree 
1. I really liked the things I did in 4-H.					
2. I learned new things in this class.					
3. 4-H helped me see new opportunities.					
4. Adults in 4-H listened to me.					
5. Adults in 4-H treated me fairly.					
6. Adults in 4-H helped me.					
7. I felt respected in 4-H.					
8. I felt safe in 4-H.					

9. Would you like to come back for future 4-H classes?

- Yes     Maybe     No

10. What did you like best about 4-H?

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**11. What did you like least about 4-H?**

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**12. What other topics/activities would you like to learn about in the future?**

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**13. What is your gender?**

- Female
- Male
- Non-Binary
- Prefer not to respond

**14. What is your grade? \_\_\_\_\_**

**15. Which of the following best describes your ethnicity?**

- Hispanic/Latino
- Non-Hispanic/Non-Latino
- Prefer not to respond

**16. Race: Mark all that apply:**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Prefer not to respond