

California 4-H Shooting Sports Training Participant Course Evaluation

Please indicate the training course in which you were participating. _____
(Archery, Black Powder, Hunting, Pistol, Reloading, Rifle, Shotgun)

Date(s) course was held _____ Location of course _____

Course Organization and Instruction

Please circle the appropriate number representing your response to the statement.

- | | Poor | Fair | Satisfactory | Good | Excellent |
|----|------|------|--------------|------|-----------|
| | 1 | 2 | 3 | 4 | 5 |
| 1. | | | | | 1 2 3 4 5 |
| 2. | | | | | 1 2 3 4 5 |
| 3. | | | | | 1 2 3 4 5 |
| 4. | | | | | 1 2 3 4 5 |
| 5. | | | | | 1 2 3 4 5 |

Comments

Please answer the following questions in the space provided.

6. How do you feel this training course could be improved? _____

7. What areas of this training course do you feel were most beneficial? _____

8. Please make any additional comments that you might have. _____

9. Would you recommend this course/instructor to a friend? _____

If no, please explain why. _____

**Please complete this survey and return it in the enclosed envelope to:
State 4-H Shooting Sports Coordinator, 1031 S. Mt. Vernon Ave., Bakersfield, CA 93307.**