**Evaluation**

**Integrated Pest Management (IPM) Workshop**

Location: ADD LOCATION HERE

Date: ADD DATE HERE

Print name: Print N/A if you wish to remain anonymous

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**5** being outstanding and **1** unsatisfactory

1. Effectiveness of presentation(s) 5 4 3 2 1
2. Knowledge of presenter(s) 5 4 3 2 1
3. Opportunity for questions and discussion 5 4 3 2 1
4. Usefulness of material 5 4 3 2 1

**To receive your Certificate of Completion and/or Continuing Education Credits, please complete 5-8**

**As a result of this workshop, my ability to……………**

1. understand the Learning Objectives has been fulfilled 5 4 3 2 1
2. fulfil my work duties has been improved 5 4 3 2 1
3. provide a safer learning and working environment has improved 5 4 3 2 1
4. manage pests safely in all environments has improved 5 4 3 2 1

Please list any comments and/or any basic topic areas you would like presented at future sessions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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