**School Garden 101**

**Final Course Assessment**

What have you accomplished so far as a result of taking this class?

What do you plan to make happen in the future as a result of taking this class?

What additional topics would you like to address in a future follow-up training?

Overall, how useful was this course for you? (please circle one)

**1 2 3 4 5**

*Not Useful* *Very Useful*

Additional feedback you’d like to share with the course instructors:

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