

Leaders 4 Life

Your views on the quality and effectiveness of Extension programs are extremely important. Please take a few minutes to tell us about your experience with this activity. Please do not write your name on this form so that your responses are anonymous. Thank you!

MARKING INSTRUCTIONS

CORRECT: ● INCORRECT: ✗ ⊗ ☹ ☹

1. For each of the topics listed below, in the LEFT column, fill in the number that best reflects your LEVEL OF UNDERSTANDING before the Leaders for Life Program. Then, in the RIGHT column, fill in the number that best reflects your LEVEL OF UNDERSTANDING after the Leaders for Life Program.

LEVEL OF UNDERSTANDING	Poor	Average	Good	Excellent	BEFORE Program				AFTER Program			
	1	2	3	4	1	2	3	4	1	2	3	4
My knowledge level of different communication strategies.					<input type="radio"/>							
My knowledge of teamwork.					<input type="radio"/>							
My knowledge of the five methods of decision-making.					<input type="radio"/>							
My understanding of the definition of <i>resiliency</i> .					<input type="radio"/>							
My understanding of creativity and its characteristics.					<input type="radio"/>							
My knowledge of the strategies to facilitate groups.					<input type="radio"/>							
My understanding of different leadership styles.					<input type="radio"/>							
My understanding of visioning.					<input type="radio"/>							
My knowledge of the importance of goal setting and how to get goals accomplished.					<input type="radio"/>							
My understanding of the purpose and principles of parliamentary procedure.					<input type="radio"/>							
My knowledge of how to build an agenda for business meetings.					<input type="radio"/>							
My understanding of the roles and duties of all 4-H officers.					<input type="radio"/>							
My knowledge of the 16 motions that are most commonly used in parliamentary procedure.					<input type="radio"/>							
My understanding of the precedence and basic rules of motions.					<input type="radio"/>							
My understanding of how to determine majority vote and 2/3 vote.					<input type="radio"/>							

CHANGES IN YOUR LEADERSHIP

2. For the following behaviors, check the box that describes you as a result of the Leaders for Life Program.

Behavior Change	Yes	No	Unsure
I am more confident in serving in a leadership role.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can define leadership and leadership qualities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know how to be an effective communicator and a good listener.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can identify my own leadership styles.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have developed or improved my teamwork skills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am a better manager of conflict and know how to apply different management styles to conflict.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I use creativity to brainstorm and come up with the best solution to a problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to identify and utilize resources to get a task accomplished	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know my leadership styles and how to use them effectively in leadership roles.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a personal vision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have set personal goals to help me fulfill my personal vision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can effectively participate in a business meeting using correct parliamentary procedure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have or plan to implement a community service project.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MARKING INSTRUCTIONS

CORRECT: ● INCORRECT: ✓ ✗ 🗑️ 🔄

3. Do you believe that what you learned has given you the ability to make better leadership decisions?

Yes

No

Please explain your answer or provide an example

4. Please provide any additional information below.

5. Gender: Female Male

6. Race: African American Asian American Native Indian White Other

7. Hispanic Ethnicity: Yes No

8. Your age: 10 or younger 11 12 13 14 15 16 17 18 or older

9. Place of Residence: Farm or ranch
 Town less than 10,000
 City between 10,000 - 50,000
 Suburb of city more than 50,000
 Central city / urban center more than 50,000