|  |  |  |
| --- | --- | --- |
| **Before this Training** | **Please select the appropriate response regarding your level of confidence in accomplishing the following tasks** | **After this Training** |
| 1 | 2 | 3 | 4 | **1 – Not At All Confident, 2. Somewhat Confident, 3. Confident, 4. Very Confident** | **1** | **2** | **3** | **4** |
|  |  |  |  | 1.  |  |  |  |  |
|  |  |  |  | 2.  |  |  |  |  |
|  |  |  |  | 3.  |  |  |  |  |
|  |  |  |  | 4.  |  |  |  |  |
|  |  |  |  | 5.  |  |  |  |  |
|  |  |  |  | 6.  |  |  |  |  |
|  |  |  |  | 7. |  |  |  |  |
|  |  |  |  | 8. |  |  |  |  |

**In one or two sentences, complete the following:**

**One Thing You Might Change for the Next Time…**

**One Thing You Should Definitely Keep for Next Time…**

**The most important thing I learned is…**

**Information About You: Gender:** Male Female **Number of Years in 4-H: \_\_\_\_\_\_ Are you Part of a Military Family?** Yes No

**Race & Ethnicity (Circle any that apply):**  White African-American or Black Asian American Indian Pacific Islander Hispanic Ethnicity