



# 2008 Adult Shooting Sports Evaluation

Your help is needed in providing vital feedback on the 4-H Shooting Sports program your youth have completed. This information is important because your answers will serve as a guide to making changes to improve 4-H Shooting Sports programming. Please take a moment to complete this survey for your club by indicating whether the group's skills have changed as a result of their experience. Thank you for your support of this activity.

County \_\_\_\_\_ Club \_\_\_\_\_

**Place an "x" in the appropriate box.**

*As a result of participation in this program, 4-Hers . . .*

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
Can think about different ways to complete a task or project.				
Can make a plan and stick with it.				
Have skills that they are proud of.				
Make good choices.				
Want to make a difference in their schools, churches, and communities.				
Look for ways to help others.				
Feel as if their friends listen to them and care about them				
Feel comfortable sharing their ideas with adults.				
4-Hers can use a firearm or bow safely.				
4-Hers know range rules & commands.				
4-Hers can clean a firearm or properly maintain a bow.				