



COVER SHEET for EEETs

To be sent with EEET forms

Send to: EEETs, Leader, Program Development and Evaluation
Room 6 Agricultural Administration Building,
2120 Fyffe Rd., Columbus, OH 43210

To be completed by the instructor and submitted with the EEET forms by someone other than the instructor. If multiple instructors, each instructor please submit an individual cover sheet.

Instructor: _____
(Please Print)

Unit, County, District, or Department:

Last 4 digits of SS#: _____
(For internal tracking)

Date(s) of Presentation: _____

Title of Presentation: _____

of EEET forms completed: _____
(Please do not send blank forms.)

Name of person collecting & sending forms:

Association with instructor (Circle all that apply)

- a. Colleague
- b. Participant
- c. Other

Date received at PDE unit: _____

Date returned to instructor: _____

Circle the appropriate response for each of the following:

GROUP CHARACTERISTICS

1. Group size (Circle one)

- a. LESS than 20
- b. 20 to 50
- c. MORE than 50

2. Group History (Circle one)

- a. ON-GOING Group
- b. NEW Group that is likely to continue
- c. ONE-TIME Group
- d. UNKNOWN

3. Predominant Group Membership (Circle one from each group of responses)

- 3.1) a. Youth
b. Adults
c. Both

- 3.2) a. Group HAS EXPERIENCE with OSU Extension Programs
b. Group IS NEW to OSU Extension Programs
c. Extension Personnel
d. Other:
e. BOTH A and B

More on Reverse Side



4. History of Instructors Contact with the group (Circle one)

- a. FIRST TIME with group
- b. Has met with group on an INFREQUENT BASIS
- c. Has met with group on a REGULAR BASIS

TEACHING ENVIRONMENT

5. Teaching Location (Circle all that apply)

- a. Traditional Classroom Setting
- b. Field Setting (in homes, businesses, building, out-of-doors, camp, fairs, etc.)
- c. Laboratory Setting
- d. Other: _____

6. Teaching Methodology (Circle all that apply)

- a. Lecture
- b. Group Discussion
- c. Hands-on
- d. Mass Media (radio, television, newspapers, newsletters)
- e. other: _____

7. Type of Session (Circle one)

- a. ONE-TIME only
- b. PART of a Program Series
- c. REGULARLY Scheduled Meetings
- d. Other: _____

INSTRUCTOR CHARACTERISTICS

8. Appointment (Circle one)

- a. Program Assistant
- b. Extension Educator
- c. Center Specialist
- d. State Specialist
- e. Administration
- f. EFNEP Nutrition Educator
- g. Other: _____

9. Main Program Area (Circle one)

- a. Agriculture & Natural Resources
- b. Family and Consumer Sciences
- c. 4-H Youth Development
- d. Community Development
- e. Other:

10. Location (Circle the one that best describes your office location)

- a. NORTH CENTRAL Region
- b. SOUTH EAST Region
- c. WEST Region
- d. OSU CAMPUS - Columbus
- e. Other, _____

11. Length of employment (Circle one)

- a. LESS than 2 years
- b. 2-6 years
- c. MORE than 6 years

Note: Because they often contain comments and suggestions, individual EEET forms will be returned to the instructor with the data analysis. Thank you.