



## “LET’S GO FISHING” CLINIC EVALUATION

**YOUR NAME:** \_\_\_\_\_ **TODAY’S DATE:** \_\_\_\_\_

**CHILD’S AGE:** \_\_\_\_\_ **Total number of family participants, including yourself:** \_\_\_\_\_

**INSTRUCTOR’S NAME:** \_\_\_\_\_

*Please tell us how well you learned to fish during this course. Please mark only one box for each question. Mark N/A if you did not do the activity. (Note to instructors: Please feel free to read this to all students as a group activity.)*

	N/A	Poor	Good	Excellent
How excited was your instructor about teaching this course?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How respectful was your instructor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How well did you learn to bait a hook?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How well did you learn to tie a clinch knot?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How well did you learn how to fish safely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How well did you learn about fishing laws?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How well did you learn to cast?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How well did you learn to hook, play, land, and unhook a fish?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How well did you learn to identify trout, perch, and bass?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How well did you learn what a fish needs to survive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Now that you have taken this course, will you go fishing and use what you have learned?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have fun?	<input type="checkbox"/>	<input type="checkbox"/>

**Other comments:** \_\_\_\_\_