



Community Gardening Programming Needs, 2021



Date: _____

Cooperative Extension is always looking for ways to serve you better. Please take a moment to complete this short survey. It will help us determine your educational needs for serving you effectively.

Please indicate the importance of the following training topics for you and your current level of ability (competence) to do each of the training topics (you are expected to check two items on each line – one for importance and one for competency)

Material need	How important is this item at your community garden?				
	Not Very Important	Slightly Important	Moderately Important	Important	Extremely Important
1. Access to topsoil, compost, woodchips, and mulch for free/reduced price	1	2	3	4	5
2. Garden bed frames and/or raised beds	1	2	3	4	5
3. Seeds	1	2	3	4	5
4. Transplants (vegetables, fruits, herbs)	1	2	3	4	5
5. Transplants (native plants)	1	2	3	4	5
6. Gardening tools (manual tools)	1	2	3	4	5
7. Gardening tools (tiller, lawn mower, weed eater, etc.)	1	2	3	4	5
8. Educational materials	1	2	3	4	5
9. Season extension materials (rebar, fabric, etc.)	1	2	3	4	5
10. Garden signage	1	2	3	4	5
11. Youth activity materials & curriculum	1	2	3	4	5
12. Grant funding	1	2	3	4	5
13. Volunteers	1	2	3	4	5
14. Mentorship & Technical Support	1	2	3	4	5

Please list any other needs your garden has at this time: _____



Community Gardening Programming Assessment, 2021



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Please indicate the importance of the following training topics for you and your current level of ability (competence) to do each of the training topics (you are expected to check two items on each line – one for importance and one for competency)

Training need/competency	How important is this topic for your community garden?					Please rate how comfortable you feel teaching others about this topic.				
	Not Important	Slightly Important	Moderately Important	Important	Extremely Important	Very Low	Low	Moderate	High	Very High
1. Yearly garden planning	1	2	3	4	5	1	2	3	4	5
2. Compost	1	2	3	4	5	1	2	3	4	5
3. Accessible garden design	1	2	3	4	5	1	2	3	4	5
4. Community organizing & development	1	2	3	4	5	1	2	3	4	5
5. Volunteer management	1	2	3	4	5	1	2	3	4	5
6. Native plants	1	2	3	4	5	1	2	3	4	5
7. Pollinators	1	2	3	4	5	1	2	3	4	5
8. Cover crops	1	2	3	4	5	1	2	3	4	5
9. Season extension	1	2	3	4	5	1	2	3	4	5
10. Seed saving	1	2	3	4	5	1	2	3	4	5
11. Horticultural therapy & wellness	1	2	3	4	5	1	2	3	4	5
12. Starting plants in a greenhouse	1	2	3	4	5	1	2	3	4	5
13. Container gardening	1	2	3	4	5	1	2	3	4	5
14. Beekeeping	1	2	3	4	5	1	2	3	4	5
15. Garden journaling & record keeping	1	2	3	4	5	1	2	3	4	5
16. Plant & soil nutrients	1	2	3	4	5	1	2	3	4	5
17. Youth leadership development	1	2	3	4	5	1	2	3	4	5
18. Rain gardens	1	2	3	4	5	1	2	3	4	5
19. Succession & companion planting	1	2	3	4	5	1	2	3	4	5
20. Leadership	1	2	3	4	5	1	2	3	4	5

What are the other topics you would like to have a training on? _____

If we offer a training program on above topics, which of the following methods you like the most?

1. Face-to-face training
2. Online zoom training
3. A combination of face-to-face and online
4. Other (Please specify) _____

Demographics

N.C. Cooperative Extension is committed to ensuring equal opportunity for those wishing to benefit from our programs and services. To monitor the effectiveness of these efforts, we collect data on our participants' race, ethnicity, and sex. Providing us with this information is voluntary; however, this information is used to help ensure our programming is reaching a diverse audience and to fulfil our obligations as a recipient of federal funding.

- What is your gender?
1. Male
 2. Female
 3. Gender non-conforming or non-binary
 4. Other

How do you identify yourself? Check all that apply.

- | | |
|----------------------------|-------------------------------------|
| 1. African American | 5. White |
| 2. American Indian/Alaskan | 6. Native Hawaiian/Pacific Islander |
| 3. Asian | 7. Other |
| 4. Hispanic/Latino | |

Share your name/address/phone number, if you are willing to allow us to contact you for follow-up comments (Optional).

Name: _____ Phone Number: _____

Address: _____

**Thank you for completing this needs assessment.
We appreciate your input as we make every effort to serve you better.**