

Participant Name: _____

ND 4-H SHOOTING SPORTS POST-SURVEY

Circle and fill in the blanks.

1. What best describes your level of shooting sports safety knowledge AFTER taking this shooting sports program?

Low					High
1	2	3	4	5	

3. Will you consider participating in a shooting sports contest/competition? Yes No Maybe

If No, why? _____

4. What best describes your level of shooting skills BEFORE taking this shooting sports program?

Low					High
1	2	3	4	5	

5. What best describes your self-confidence level AFTER taking this shooting sports program?

Low					High
1	2	3	4	5	

6. You set 3 Goals before starting this season, Write each goal and explain how you accomplished or tried to accomplish those goals?

1.

2.

3.

7. If you were afraid of something before starting this program, have you overcome that fear? If so, How?

8. How do you plan to use the skills you have learned during the shooting sports program?

9. Would you be confident to teach others the skills you have learned?

10. Other than in shooting sports, in what ways can you use the skills learned?

11. Do you plan to continue utilizing and participating in shooting sports in the future and in adulthood? If so, what kinds of shooting sports activities to you plan to do?