

Name (optional):		Date:	Event:				
University of Idaho Extension receives federal funds which requires us to invite program participants to fill out a program survey and demographic data.							
The following information is optional and confidential. It helps us document that University of Idaho Extension extends services and benefits to everyone who is interested and does not discriminate.							
1. What is your race? Check one or more.							
☐ AMERICAN INDIAN OR ALASKA NATIVE							
	ASIAN						
	BLACK OR AFRICAN AMERICAN						
	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER						
	WHITE						
	Two or more races: a person with more than one of the racial-ethnic groups listed above.						
	Other race(s):						
☐ Prefer not to respond							
2. Are you Hispanic or Latino? Check one.							
□ No, I am not Hispanic or Latino □ Yes, I am Hispanic or Latino □ Prefer not to respond							
3. What is your gender? Check one.							
	Female		Other gen	der	🗆 I	Prefer not to	respond
4. What is your age? Check one.							
Youth (18 years or younger) Indicate grade: Kindergarten							
☐ Adult (19 years or older)		□ 1	\square 2	□ 3	□ 4	□ 5	□ 6
☐ Prefer not to respond		□ 7	□ 8	□ 9	□ 10	□ 11	□ 12
5. What other needs do you have that you want Extension to address in the future?							
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The University of Idaho is an equal opportunity/affirmative action employer and educational organization. We offer our programs to persons regardless of race, color, national origin, gender, religion, age, sexual orientation, or disability.