

Office of Faith Formation and Lay Ecclesial Ministry

EVALUATION

Name of Course:				
Instructor/Facilitator:				
Please circle the response which best reflects your experience of the following aspects. Additional comments are welcome.				
Quality of presentation(s) Comments:	Great	Good	OK	Other
Opportunity for Networking Comments:	Great	Good		Other
3. Opportunity for spiritual growth (if applicable) Comments:	Great	Good	OK	Other
4. Opportunity for Adult Learning Comments:	Great	Good	OK	Other
5. What did you most like about the session(s)?				
6. What would have helped make the session(s) more enjoy				
7. Suggestions for future planning				
Thank you for your time in completing this evaluation.				
Name (optional)				