

feedback sheet

Would you kindly take a few moments to answer these questions.
Your opinion and experience is valued.

Name of Facilitators: _____

Title of program: _____ Your name: _____
(optional)

1. Quality of the teaching: Circle the appropriate number on the scale below.

 1 2 3 4 5  6 7 8 9 10 

Comments: _____

2. Experience in the group: Quality of the group experience.

 1 2 3 4 5  6 7 8 9 10 

Comments: _____

3. Personal Growth: I experienced the following:

Growth in understanding life issues

 1 2 3 4 5  6 7 8 9 10 

Comments: _____

Increase in capacity to face challenges



Improvement in family / close relationship



A positive change in my relationship with God



Comments: _____

WE APPRECIATE YOU TAKING THE TIME TO FILL THIS OUT.

December 2018