

EVALUATION FORM

Name _____

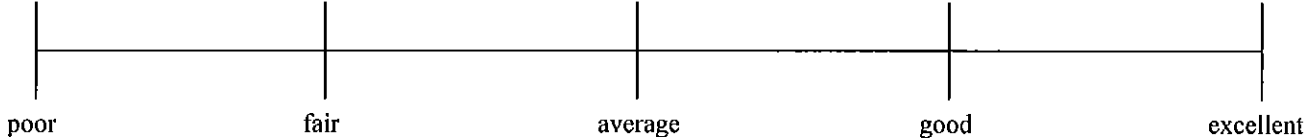
Type of event: Workshop Seminar Mini-course Academic course Independent Study Other _____

Date: _____ Location: _____

#CEU's _____

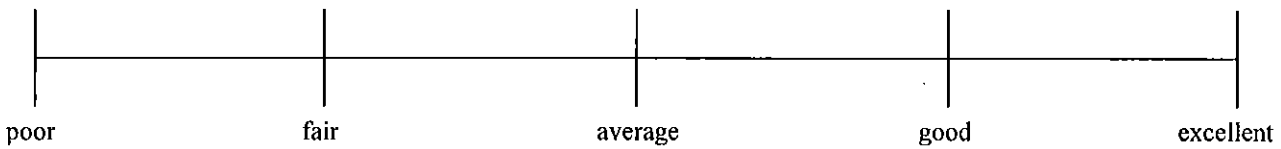
Please circle the number that best reflects your answer to each question. A space for comments is also provided.

1. Assess how well the event accomplished its stated goal(s) or purposes(s).



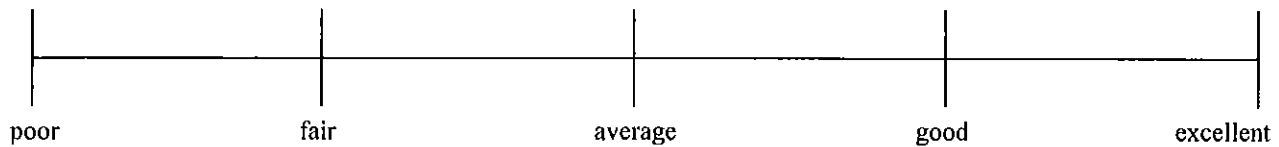
Comments:

2. Assess the quality of instruction.



Comments:

3. Assess the value of the content and/or skills acquired in this event to your professional and personal development.



Comments:

Continued on back

4. What was good about the program/event?
5. What was disappointing about it?
6. Your comments of the program overall:
7. Would you recommend it to other clergy?
8. Suggestions for improving the event:
9. Suggestions for future continuing education events:

Your comments are important to us. Please note that we may publish some of the comments received on the Diocesan website in order to assist others using this program.

Thank you for your time.

The Continuing Education Committee of the Commission on Ministry