

Name (optional): \_\_\_\_\_

**Evaluation Form**  
**Faith Chest Faith Step**  
Month and Year of Sessions: \_\_\_\_\_

Please evaluate each of the following – Make an x over the number.  
1 = Poor, 5 = Excellent

Overall, how would you rate your experience?

1 2 3 4 5

How would you rate our church's implementation and organization in delivering this experience?

1 2 3 4 5

How would you rate the video content?      1 2 3 4 5

...the discussion?      1 2 3 4 5

....the Blessing Event?      1 2 3 4 5

How have these sessions impacted your life or thinking?

What suggestions would you give?