

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?**