

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?