

**Evaluation Form**

**Life After High School**

Date of Session: \_\_\_\_\_\_\_\_\_\_\_

Please evaluate each of the following – Write a number in each box.

1 = Poor, 2 = OK, 3 = Good, 4 = Very good, 5 = Excellent

1. Overall, how would you rate your experience?
2. How would you rate our church’s implementation

and organization in delivering this experience?

1. How would you rate the video content?

* the discussion?
* the Blessing Event?
* the Blessing Object?

*How has this experience impacted your life or thinking?*

*What suggestions would you give for next time?*

\_\_\_\_I am a parent.

\_\_\_\_I am a student in grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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