



St Vincent de Paul R.C. Church Holiday, Florida

FAITH FORMATION EVALUATION

BIBLE STUDY SURVEY

Today's Date: _____

Name of Study: _____ Study Start Date: _____

Facilitator/Instructor's Name: _____

Participant's Name (Optional) _____

A) THE SESSION: This study program involved _____ sessions.

- 1) How many sessions were you able to attend? _____
- 2) If this program was offered in a morning or evening session, which session did you attend?
(circle one) Morning ** Evening ** Both ** Either One (depending on my schedule)
- 3) The number of sessions were (circle one) Too short Too Long Just Right
Comments, if any _____

B) LOCATION: This study was held in the _____

- 1) Did this location meet the needs of the study? _____
(If no, please answer # 2)
- 2) If No, do you have any recommendations about the location that would enhance the participation or context of the study? _____

C) THE PROGRAM/STUDY

1) Did you enjoy this study? (Please explain)

2) What was most meaningful to you in this study and how has God worked in your life through the message of this study?

3) Was there anything in particular that you learned in this study that you had not known before?

4) Was there any life-changing experience encountered because of this study?

D) STUDY RESOURCES

1) Were you required to purchase any study materials for this study? _____ (If applicable – what was the cost to you? _____) In the future, if there was a study that required a cost to you, would you (*circle one*)

Definitely still attend **

Maybe, depending on the cost **

No, I cannot afford it**

2) Did you find the materials distributed helpful and relevant?

E) THE FACILITATOR/INSTRUCTOR

Please rate and/or comment on the points below according to the following scale:

1-Excellent 2-Good 3-Fair 4-Poor

Facilitator/Instructor's knowledge of the subject _____

Facilitator/Instructor's skill at guiding discussion _____

Facilitator/Instructor's preparedness/organization _____

Facilitator/Instructor's ability to stay on topic _____

F) GENERAL OBSERVATIONS/COMMENTS:

1) How can we improve this study? What changes would you like to see in future studies?

2) List any topics you believe we should include in future studies?

3) Is there anything we can do to increase attendance for future studies?

Additional Comments:

Thank you for taking the time to complete this survey. Your input is greatly appreciated.
