

Participant Evaluation

Thank you being a part of Scripture Study and bringing your unique gifts to our groups! Now that you've completed the sessions, please take a moment to reflect on your experience by answering these questions.

Please circle the number that reflects your agreement with the following statements:

1 = Not at all 2 = Very little 3 = Somewhat 4 = Quite a bit 5 = Very much so

1. This experience met my hopes and expectations.

1 2 3 4 5

2. I learned a lot from the readings and discussions.

1 2 3 4 5

3. The study guide and handouts contained all the information I needed.

1 2 3 4 5

4. The program was organized very well.

1 2 3 4 5

5. The facility and group meeting areas were comfortable.

1 2 3 4 5

6. I would recommend this program to my friends.

1 2 3 4 5

What did you like most about your Scripture Study experience?

If you could change one thing about the experience, what would it be?

I would just like to say . . .

If you would you be willing to help plan something for the future, please write your name below

Optional: Name _____