

Healthy Congregations Program EVALUATION

(Please circle specific response where appropriate)

Workshop Number: 1 2 3 4 5 6
Your role in the church is: Lay Leader Pastor/RL Other Staff Parishioner

1. What part of the workshop had the greatest impact on you?

2. What part of the workshop will have the greatest impact on your congregation or agency?

3. How valuable was this workshop for your congregation or agency?

Very valuable *Valuable* *Somewhat valuable* *Not valuable*

4. What suggestions do you have to improve the workshop?

5. Of the **five** sessions in this workshop, which session was most helpful to you?

If you are willing, we request your name, so that we can share your experience with others.
Thank you.

Name _____ Phone _____ Date _____

Congregation _____ City _____ State _____