Class/Workshop Evaluation Form

USCL's Spiritual Growth and Development (SGAD) team would like your feedback to ensure we are meeting your spiritual growth and development needs. Please take a few minutes to share your opinions below.

Workshop Title: _____ Date: _____

Instructor: _____

	Strongly AGREE			Strongly DISAGREE		N/A
Class/Workshop Content and Satisfaction						
1. The workshop content was as described in publicity materials	❑	❑	❑	❑	❑	❑
2. The workshop lived up to my expectations	❑	❑	❑	❑	❑	❑
3. I would recommend this workshop to others	❑	❑	❑	❑	❑	❑
Class/Workshop Design						
4. The workshop objectives were clear to me	❑	❑	❑	❑	❑	❑
5. The workshop material was presented in an organized manner	❑	❑	❑	❑	❑	❑
6. The workshop activities stimulated my learning	❑	❑	❑	❑	❑	❑
7. The workshop activities provided sufficient practice and feedback	❑	❑	❑	❑	❑	❑
8. The pace of the workshop was appropriate	❑	❑	❑	❑	❑	❑
9. The length (i.e., # of minutes) of each class was appropriate	❑	❑	❑	❑	❑	❑
10. The duration (i.e., # of classes) of the workshop was appropriate	❑	❑	❑	❑	❑	❑
11. The difficulty level of the workshop was appropriate	❑	❑	❑	❑	❑	❑
Class/Workshop Facilitator						
12. The facilitator was well prepared	❑	❑	❑	❑	❑	❑
13. The facilitator communicated the material effectively	❑	❑	❑	❑	❑	❑
14. The facilitator was helpful	❑	❑	❑	❑	❑	❑
Class/Workshop Results						
15. I accomplished the objectives of the workshop	❑	❑	❑	❑	❑	❑
16. I will be able to use what I learned	❑	❑	❑	❑	❑	❑
17. I would be interested in attending a follow-up, more advanced workshop on this same subject	❑	❑	❑	❑	❑	❑

18. What did you most appreciate/enjoy/think was best about the course?

_____
_____

19. Do you have any suggestions for improvement?

_____
_____

Class/Workshop Meeting Place

20. Please rate the following qualities of the workshop meeting place:

	Excellent	Very Good	Good	Fair	Poor	Comments
a. Visuals	❑	❑	❑	❑	❑	_____
b. Acoustics	❑	❑	❑	❑	❑	_____
c. Temperature	❑	❑	❑	❑	❑	_____

d. Additional comments or suggestions regarding the meeting place: _____
_____

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Future Needs

21. Please describe the top two topics you would like to learn more about in the next 12 months:

Topic 1:_____

        Preferred level: ❑ Introductory ❑ Advanced

        Preferred format: ❑ Class/workshop (how many days? _____)
                           ❑ Self-study materials
                           ❑ Interactive distance learning (i.e., Web-based)
                           ❑ Other: _____

Topic 2:_____

        Preferred level: ❑ Introductory ❑ Advanced

        Preferred format   ❑ Class/workshop (how many days? _____)
                           ❑ Self-study materials
                           ❑ Interactive distance learning (i.e., Web-based)
                           ❑ Other: _____

Thank you for your feedback!