

To be filled by participant.

## Program Feedback Form

Name of the program: \_\_\_\_\_ Date: \_\_\_\_\_

Parish: **ST PETER'S PARISH**

*If you have attended the program we would like to make sure that the sessions were relevant and useful. We would therefore be grateful if you could provide us with some feedback by completing this form:-*

<b>1. Very Poor</b>	<b>2. Poor</b>	<b>3. Satisfactory</b>	<b>4. Good</b>	<b>5. Excellent</b>
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**Please circle or **Hi Light** the relevant score**

(a) The content	1	2	3	4	5
(b) The handout (if any)	1	2	3	4	5
(c) The venue	1	2	3	4	5
(d) The food	1	2	3	4	5
(e) The overall program*	1	2	3	4	5

*\*To determine this score ('overall programme') consider the usefulness, helpfulness, effectiveness of the programme; how well your goals of attending this programme were achieved.)*

(f) What was the one thing that you have learned, remembered and found most useful in the program?

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(g) What, in your view, would have improved the program?

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*Thank you for participating in this program. We hope this was a valuable use of your time.*