CONTINUING EDUCATION COMMITTEE

EVALUATION QUESTIONNAIRE

PLEASE RETURN THIS FORM WITHIN 30 DAYS AFTER THE PROGRAM IS COMPLETED

NAME _____ DATE _____

ADDRESS _____ PARISH _____

CLASS, SEMINAR, CONFERENCE, ETC. _____

INSTITUTION _____

DATES (S) ATTENDED _____

1. In what way(s) did this program meet or exceed your expectations?

2. In what way(s) did this program fail to meet your expectations?

3. Would you recommend this program to others? Please list here any reservations you may have about your recommendation.

4. Please add any other comments on the reverse side.

PLEASE RETURN TO: The Rev. Canon Sarah Shofstall
Diocese of Western Massachusetts
37 Chestnut Street
Springfield, MA 01103-1787