

Living Flame Evaluation

Name (Optional): _____

We value your feedback. Your input and suggestions will help us to plan future workshops.

Please give us your overall rating for today's presentation: (circle your response):

Poor	Fair	Sufficient	Good	Very Good
1	2	3	4	5

Please evaluate each of the activities below on a scale of 1 to 5 according to how helpful they were to you (5 being the highest)

Centering Prayer Periods	1	2	3	4	5
Presentation of Materials	1	2	3	4	5
Small Group Faith Sharing	1	2	3	4	5
Large Group Discussions	1	2	3	4	5
Other (please explain)	1	2	3	4	5

Identify the most helpful activity above and share the reasons for your choice:

Identify the least helpful activity above and share the reasons for your choice:

Please provide any suggestions on how the guest presenter might improve his or her presentation:

Please provide any comments on how the local coordinator and/or service team of the Living Flame Program may better serve your needs during the program:

Please share any other comments that you may have: (Feel free to use the back of this paper.)